

GRIEVANCE FORM

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Case # |  | | | | | | | Local # | |  |
| Employer |  | | | | | | | | | |
| Employee |  | | | | | | | Employee # | |  |
| Department |  | | | | | Supervisor | | |  | |
| Classification | |  | | | Seniority Date | | | |  | |
| Phone #s | Home | | |  | | | Work | |  | |
|  | Cell | | |  | | | Email | |  | |
|  | | | | | | | | | | |
| Grievance Level | | | 1 ❒ 2 ❒ 3 ❒ 4 ❒ | | | | | | | |
|  | | | | | | | | | | |
| I/We the undersigned claim that the Employer is in violation of Articles (s) , the Collective Agreement as a whole, past practice, and any relevant legislation, Code or Act. | | | | | | | | | | |
| Therefore, in accordance with Articles(s) , the Collective Agreement as a whole, past practice, and any relevant legislation, Code and Act, I/we request full redress. | | | | | | | | | | |

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Signature of Employee Signature of Union Officer

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cope#491/bdane