

GRIEVANCE FORM

Grievor's Name: _____

Department: _____

Address: _____ Phone No.: _____

_____ Fax No.: _____

_____ E-Mail: _____

1. Nature of Grievance:
2. Clauses of Collective Agreement involved:
3. Facts of the Case (attach separate pages if necessary):
4. Remedy Sought:
5. The grievance remains unresolved at the conclusion of the informal procedure.
6. Signature of Grievor: _____ Date: _____