

**GRIEVANCE FORM**

Case No.		Local No.	
Employer			
Supervisor			

Employee			
Classification		Seniority date	
Department		Email	
Address			
Phone No. (H)		Cell	

To					
Grievance Level	<b>1</b> <input type="checkbox"/>	<b>2</b> <input type="checkbox"/>	<b>3</b> <input type="checkbox"/>	Other	

I/We the undersigned claim that

  
  
  
  
  
  
  
  
  
  

Therefore I/we request

  
  
  
  
  
  
  
  
  
  

Grievor

	Date	
--	------	--

Union officer

	Date	
--	------	--

## DISPOSITION OF GRIEVANCE

Date of settlement		
In favour of employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Particulars of disposition of grievance (describe carefully and indicate at what step or stage of grievance procedure case was resolved):

Signature of employer representative

	Date	
--	------	--

Signature of union representative

	Date	
--	------	--