

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:
