



GRIEVANCE FORM

Grievor's Name	Branch No.	Location
Address	Date	Submitted Via
Phone: Home	Article(s) Violated	
Work	(And All Other Relevant Articles or Legislated act that may apply)	
E-mail address at home	If Grievance Concerns Job Bid:	
Dept.	Job Bulletin No.	
Seniority	Appointment Bulletin No.	

NATURE OF COMPLAINT:

I consent to the collection, use and disclosure of my personal information by Unifor Local 649, in the course of pursuing the grievance set out above against my employer.

Signatures

GRIEVED EMPLOYEE

UNION REPRESENTATIVE / SHOP STEWARD

Adjustment desired: The Union demands the Company cease and desist violating the Collective Agreement, that the incidents(s) be rectified, that proper compensation, including benefits, wages, seniority, etc., be paid for all losses; and further that those affected be made whole in every respect.

Date Submitted

Signature / Initial

SUPERVISOR'S REPLY: to be attached

Date

NOTE: Forward **original** to Union office, **second** copy to remain with "Steward", **third** copy "Manager's" copy.