



GRIEVANCE PRESENTATION FORM

EMPLOYER: _____

REFERENCE NO: _____

To: _____

LEVEL:

ADDRESS: _____ 1 2 3

A. EMPLOYEE SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____ HOME PHONE: _____

WORK LOCATION: _____ WORK PHONE: _____

B. REP'S. NAME _____ PHONE: _____

ADDRESS: _____

C. DETAILS OF GRIEVANCE—where Grievance relates to the Collective Agreement or an Arbitral Award quote Article(s).
NOTE: If further space is required attach additional sheets on 8 1/2" x 11" paper in triplicate.

D. CORRECTIVE ACTION REQUESTED

DATE: _____ SIGNATURE OF EMPLOYEE: _____

Approval for presentation of Grievance relating to the Collective Agreement and/or Arbitral Award and agreement to represent employee is hereby given.

DATE: _____ SIGNATURE OF BARGAINING AGENT REP: _____

DATE GRIEVANCE RECEIVED: _____ SIGNATURE: _____ TITLE: _____

Distribution: Copies to the Grievance Officer, Bargaining Agent Representative, Department Personnel and the Employee (this is the employee's official notice that his grievance has been received)