

Digital Grievance Form

(revised May 2021)

A grievance can be filed anytime your rights, as detailed in the collective agreement, are ignored or violated. Once you have *first become aware of this violation* you have 25 working days to send a completed grievance form (physical or digital), **along with all supporting documentation**, to the local grievance office.

To properly fill out, and submit, the attached digital (pdf) grievance form, please carefully read, and follow, the directions below:

1. **Download** - Download the form to your own device *before* filling out any of the requested information on the form.
2. **Complete** - Once downloaded, open the form in an app or program of your choosing. Fill out the pdf using that app or program. Include as much information as you can. If you need help completing the form, please ask a shop steward for assistance. If no shop steward is available, please contact our Grievance office (416) 241-9294.
3. **Save As** - After completing the form, 'save as' the completed form using the exact format below so we can properly file your grievance :

File Name Format: Grievance - [First Name] [Last Name] - [Month].[Day].

[Year] **Example 'Save As' File Name:** Grievance - Jane Doe - 05.06.2021

4. **Review** - Some apps and programs do not properly fill and save completed forms. Please review the completed form that you saved to make sure it includes all the information you input, and can be read clearly. If not, restart this process using a different pdf app or program. If you are still having trouble after trying again, please use a physical grievance form with the help of a shop steward.
5. **Email** - The completed digital grievance form, and **scans or pictures of all supporting documentation**, can be attached to an email and sent to dmacdonald@cupw-sttp.ca or smills@cupw-sttp.ca
6. In the email subject line, please use the same 'save as' file format.

Email Subject Line Example: Grievance - Jane Doe - 05.06.2021



Canadian Union of Postal Workers

CANADIAN UNION OF POSTAL WORKERS
GRIEVANCE INVESTIGATION FORM

-CONFIDENTIAL-

PART 'A'

To be completed by the grievor

Last Name: <input type="text"/>	Classification: <input type="text"/>	Shift: <input type="text"/>
Given Names: <input type="text"/>	Section/Station: <input type="text"/>	
Address: <input type="text"/>	Post Office: <input type="text"/>	
City: <input type="text"/>	Time of Shift: From: <input type="text"/>	To: <input type="text"/>
Postal Code: <input type="text"/>	Employee: <input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Telephone: <input type="text"/>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Probation
CPC ID No: <input type="text"/>	Continuous Service Date: <input type="text"/>	
Name of Shop Steward: <input type="text"/>	Date of Investigation: <input type="text"/>	

PART 'B' (To be completed by the grievor or the witness(es) **with the help of the Shop Steward**)

Grievor:

Grievance incident occurred on: Date: Time: Location:

Persons involved: Supervisor: Worker:

Supervisor: Worker:

Grievance Information: Who is involved? What is the problem? When did it occur? Where did it happen? Why is this a grievance?

(If more space is required, please attach a separate document to this form.)

On what date did you become aware, for the first time, that you had a grievance?

I hereby authorize the representative(s) of the CUPW to examine my personal file.

Signature: _____

PART 'C'

To be completed by the Shop Steward

Verification:
(Check)

Date and time of incident

Written statement of witnesses

Supporting documentation for the grievance (letter, opportunity list, etc.)

Specific cases where documentation is required for grievance representation:

Overtime: Copy of equal opportunity for overtime list

Leave: Copy of notice of leave without pay, copy of request for leave form, copy of medical certificate, copy of summons (Court).

Salary, Premiums,

Allowances: Copy of letter from employer, cheque stub, memo, etc.

Discipline: Copy of notice of interview, copy of letter from employer, signature and written and dated statement of witnesses.

Additional information from the Shop Steward:

(Employer's comments, if applicable)

Corrective Action Requested:

This form is the exclusive property of the Canadian Union of Postal Workers and must be sent to the Grievance Officer as soon as it is completed.

For use by the Local

1) Name of the officer responsible: _____

2) For any disciplinary measure (including absenteeism), please attach to this form a summary of the grievor's record.

Signature: _____ Date: _____