



GRIEVANCE FORM

Grievor(s) : _____ Grievance # : _____

Submitted to: _____ Job Title: _____

Step/Stage: _____ Department: _____

Employer: _____

Date Grievance Submitted: _____ Steward: _____

Violation: I/we grieve that the Employer has contravened its Just Cause Requirement and/or Clause(s) _____

_____ and any other applicable collective agreement provisions.
Remedy Requested: _____

Grievor's Signature _____ Date _____
Telephone No. _____

Steward's Signature _____ Date _____
Telephone No. _____