



818 King Street East Hamilton, ON L8M 1B2
Tel: (905) 522-0917 Fax: (905) 522-4011

GRIEVANCE FORM

GRIEVANCE # _____

GRIEVOR _____

EMPLOYEE # _____

ADDRESS _____

CITY: _____

POSTAL CODE _____

PHONE: _____

HOME EMAIL _____

CELL: _____

STEP _____

BARGAINING UNIT

- AIRPORT DARTS MACASSA/WENTWORTH LODGES ST. MATTHEWS HOUSE
- CITY UNIT GOOD SHEPHERD ROYAL BOTANICAL GARDENS

TO _____

PHONE: _____

FAX: _____

SUPERVISOR _____

PHONE: _____

FAX: _____

I/WE PROTEST AND GRIEVE THAT THE EMPLOYER HAS VIOLATED THE COLLECTIVE AGREEMENT, INCLUDING BUT NOT LIMITED TO ARTICLE # _____, AND ANY OTHER APPLICABLE ARTICLES, ACTS AND/OR LEGISLATION.

THEREFORE I/WE REQUEST FULL REDRESS INCLUDING BUT NOT LIMITED TO

AND ANY OTHER REDRESS DEEMED APPROPRIATE BY A BOARD OF ARBITRATION OR SOLE ARBITRATOR.

STEWARD/EXECUTIVE OFFICER

GRIEVOR

DATE

DATE