

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