



**Grievance Form**

Case #

Employer/Contract: \_\_\_\_\_

Employee: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (Postal Code)

Employee Phone Numbers: \_\_\_\_\_  
(Home) (Work)

Department: \_\_\_\_\_ Employee's Job/Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Seniority/Date of Hire: \_\_\_\_\_

Grievance Level: 1  2  3  \_\_\_\_\_  
Date of Initial Complaint/Informal Discussion

I/we claim that on or about \_\_\_\_\_ that \_\_\_\_\_  
(Date)

\_\_\_\_\_ which violates article(s)/clause(s) \_\_\_\_\_ of the collective agreement and any other relevant articles/clauses, Acts or Codes that apply under the circumstances.

Therefore I/we request that \_\_\_\_\_

\_\_\_\_\_ and any other remedy that is appropriate under the circumstances.

\_\_\_\_\_  
Grievor Signature Date

\_\_\_\_\_  
Union Representative Signature Date

\_\_\_\_\_  
Date to Supervisor (for Step 1) Date sent to CUPE Local 15

\_\_\_\_\_  
Date to General Manager of Dept. (for Step 2)

Rmm/BCUWU