



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