

Notice of Grievance

Grievance Number (to be completed prior to Step 2)	• 202X xxx
Date	
Unit	

Type of Grievance (select one)
☐ Individual Grievance ☐ Group Grievance (see page 3 for additional grievor names) ☐ Policy Grievance

Names:		Grievor information:	
Grievor		Employee ID #	
Shop Steward		Job Title	
Manager		Work Location	

Grievance Details:	
Article(s) allegedly violated <i>(Name(s) & number(s))</i>	
Date of the occurrence of the alleged violation	/ / dd mm yyyy
Nature of Grievance <i>(Description)</i>	
Remedy Sought	

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Step 1			
Date Grievance submitted to Step 1	____ / ____ / ____ dd / mm / yyyy	Date of hearing	____ / ____ / ____ dd / mm / yyyy
Management Statement of Position 			
Date decision rendered:	____ / ____ / ____ dd / mm / yyyy	_____ Manager Name _____ Contact #	

Step 2	
Date Grievance submitted to Step 2	<i>Per Union letter to VP Labour Relations</i>
Date of hearing	<i>Per Labour Relations letter to Union</i>
Date decision rendered	<i>Per Labour Relations letter to Union</i>

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Group Grievance - List of additional grievors				
Grievor Name	TID	Job Title	Location	Manager Name