

Grievance Form

Member personal information is private and confidential and only used for the express purpose of administering the business of the Union.			
Email : contact@usw1944.ca		Website : www.usw1944.ca	
Type of Grievance: ☐ Individual ☐ Group ☐ Job Posting ☐ Policy			
FOR UNION USE ONLY – NOT TO BE SHOWN TO THE COMPANY			
TO BE COMPLETED BY THE SHOP STEWARD – PLEASE PRINT IN INK AND			
SEND COPY AND NOTES TO THE LOCAL UNION REPRESENTATIVE ASSIGNED TO YOUR UNIT.			
1. Date and time of incident:		2. Unit:	
3. Date of Complaint:		4. Shop Steward:	
•		•	
5. Name(s) of Complaining Party(ies):		6. Shop Steward's Phone Number:	
o. Name(s) of Complaining Farty(les).		•	
		Home:	
		Work:	
7. Data of Davis		8. Seniority Date:	
7. Rate of Pay:		8. Seniority	Date:
9. How long in present job:		10. Collective Agreement Article(s):	
11. Department:	12. Location of in	cident	13. Category: (completed by Local Rep)
	(city):		
14. Name(s) of witness(es):		15. Issue (5 words or less):	
		(0	
16. Grievor(s) Phone Number:			
Home: Work:			Employer :
		Employer .	
17. Email address (if any):			
18. Signature(s) of Grievor(s):			