

Notice of Grievance

Grievance Number <small>(to be filled out prior to submission at Step 2)</small>	
Date (dd/mm/yyyy)	
Unit	60

Type of Grievance (select one)	Individual Grievance	
	Group Grievance	
	Policy Grievance	

Name of Grievor		Employee ID No.	
Job Title		Work Location	
Manager's Name		Shop Steward	

Article(s) allegedly violated (Article Number(s))	
Article Name(s)	
Date of the occurrence of the alleged violation (dd/mm/yyyy)	
Nature of Grievance (description)	
Remedy Sought	

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's name & work phone	

Step 2			
Date Grievance submitted to Human Resources at Step 2 (dd/mm/yyyy)		Date of hearing (dd/mm/yyyy)	
Date decision rendered (dd/mm/yyyy)		Manager's name & work phone	

Note: Only include this page if filing a group grievance

Additional Grievors

Name of Grievor		Employee ID No.	
Job Title		Work Location	
Manager's Name			

Name of Grievor		Employee ID No.	
Job Title		Work Location	
Manager's Name			

Name of Grievor		Employee ID No.	
Job Title		Work Location	
Manager's Name			

Name of Grievor		Employee ID No.	
Job Title		Work Location	
Manager's Name			

Name of Grievor		Employee ID No.	
Job Title		Work Location	
Manager's Name			