## **Notice of Grievance**

Grievance Number (to be completed prior to Step 2)		202X ×	XXX				
Date							
Unit							
	1						
Type of Grievance (select one)							
□ Individual Grievance							
□ Group Grie	evance (see p	page 3 for addit	ional grievor names)				
□ Policy Grievance							
Names:			Grievor informa	ition:			
Grievor			Employee ID #				
Shop Steward			Job Title				
Manager			Work Location				
Grievance Deta	nils:						
Article(s) allegedly violated (Name(s) & number(s))							
Date of the occurrence of the alleged violation			dd / mm / yyyy				
Nature of Grievance (Description)							
Remedy Sought							



## **Notice of Grievance**

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	Per Union letter to VP Labour Relations				
Date of hearing	Per Labour Relations letter to Union				
Date decision rendered	Per Labour Relations letter to Union				



## **Notice of Grievance**

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

