



GRIEVANCE FORM

NAME OF GRIEVOR: _____ CELL/PHONE: _____

HOME ADDRESS: _____ UNIT: _____

CITY: _____ POSTAL CODE: _____

EMAIL: _____ SENIORITY OF GRIEVOR: _____

EMPLOYER: _____

COMPANY ADDRESS: _____

NATURE OF GRIEVANCE: _____

GRIEVOR'S SIGNATURE: _____ UNION STEWARD: _____

DATE: _____ FILED: _____

DECISION: STEP # 1—DATE: _____

SIGNATURE: _____

DECISION: STEP # 2—DATE: _____

SIGNATURE: _____

DECISION: STEP # 3—DATE: _____

SIGNATURE: _____

STEP # 4: APPLIED FOR ARBITRATION DATE: _____

FINAL SETTLEMENT: _____

SIGNATURE: _____

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