



PUBLIC AND PRIVATE WORKERS OF CANADA

GRIEVANCE REPORT

NAME OF GRIEVOR: _____

LOCAL # _____ DEPT: _____

JOB CATEGORY/POSITION TITLE: _____ SUPERVISOR: _____

DATE GRIEVANCE OCCURRED: _____ DATE SUBMITTED: _____

NATURE OF GRIEVANCE: (describe briefly) _____

ARTICLE OF LABOUR AGREEMENT VIOLATED (if any): _____

and all other applicable articles and sections in the agreement.

SIGNATURE OF GRIEVOR: _____ SHOP STEWARDS INITIALS _____

STATUS OF GRIEVANCE: Record dates of meetings, management's responses and all other pertinent information.

STEP ONE: _____

STEP TWO: _____

STEP THREE: _____

STEP FOUR (if applicable) _____

PLANT COMMITTEE'S REMARKS: _____

WHITE TO EMPLOYER, PINK TO UNION COMMITTEE, YELLOW TO UNION OFFICE



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