IAM UNION

DISTRICT 14 / LOCALS 99,1722 & 2583

107, 10471 – 178 STREET NW
EDMONTON, ALBERTA T5S 1R5

INFO@IAMDL14.ORG
T:780.414.1499 / F:780.486.0674

Grievance Number: _____

Date submitted to

Employer's Representative: _____

Member's seniority Date: _____

Reporting Steward:_____

Reporting Business Rep:_____

Member's Name:_____

Position:_____

Branch/Facility/Location:_____

Supervisor:_____

1. **What is the Grievance or Complaint about?** (Who, What, Where, Date and Time)

_____
_____
_____
_____
_____
_____
_____

2. **State which clause(s) is/are affected** (CBA, Company Policy, Legislation)**:**

_____
_____
_____
_____and any other applicable clauses or articles

3. **What is the remedy requested to resolve this grievance?**

_____
_____
_____
_____
_____ and to be made whole in all aspects

Steward's signature: _____ Date signed: _____

Grievor's signature: _____ Date signed: _____

Supervisor's signature: _____ Date signed: _____

Supervisors/managers response is to be written below, given to a Union steward, and a copy emailed to the Union Office. All responses must be submitted to the Union Office within CBA Time Limits.

_____
_____
_____
_____
_____

Grievance Number _____

Fact Sheet UNION EYES ONLY (This form is to be seen and used by the union only, use the back of this form if necessary) **Please phone the office for the grievance number. Once this form is completed, please send a copy to the Union Office - including the grievance number given by the office**

Grievor Name: _____ Phone Number: _____

Other contact information (alternate phone number, email addresses):_____
_____
_____

Branch/Location: _____Job Title:_____

Who from the union is involved (steward's name)?
_____

Who from management is involved? _____

Witnesses (include name and all contact info): _____
_____
_____
_____

What happened? (Where, When, Who was involved): _____
_____
_____
_____
_____

What other information is important? (Grievor's record, past occurrences, questions of just cause):_____
_____
_____
_____

Why is this considered a grievance? (What was violated: contract, past practice, unfair treatment, laws):_____
_____
_____
_____

What do we want the company to do to make it right? (Repayment of lost wages, letters removed, fair treatment): _____
_____
_____
_____

Steward: _____Date: _____