

# CANADIAN UNION OF PUBLIC EMPLOYEES

## GRIEVANCE FORM



Case No.

Local No.

Employer:

Employee:

Department:

Supervisor:

Seniority Date:

TO:

Phone #

(H)

(W)

Grievance Level    1       2       3

I/we the undersigned claim that:

Therefore I/we request:

Signature of Employee(s) and/or Union Officer

\_\_\_\_\_

Grievor \_\_\_\_\_

Date \_\_\_\_\_

Union officer \_\_\_\_\_

Date \_\_\_\_\_

**DISPOSITION OF GRIEVANCE**

Date of Settlement

In favour of Employee? (Yes) (No)

Particulars of disposition of grievance (describe carefully and indicate at what Step or Stage of Grievance Procedure case was finally closed.)

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Signature of Employer Representative

Signature of Shop Steward or other Union Officer

\_\_\_\_\_  
Date \_\_\_\_\_

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