



Local 4266

www.unifor4266.com

GRIEVANCE

: *

Employee Grievance Form

STEP ONE _____ DATED _____
INITIALS DD MM YYYY

STEP TWO _____ SUBMITTED _____
INITIALS DD MM YYYY

STEP THREE _____ SUBMITTED _____
INITIALS DD MM YYYY

Please print

NAME OF GRIEVER:* _____ EMPLOYEE NUMBER:* _____

ADDRESS AND CITY * _____

TELEPHONE NUMBER:* _____

COMPANY * _____ SENIORITY OF THE GRIEVER:* _____

NATURE OF THE GRIEVANCE : THE COMPANY IS IN VIOLATION OF **ARTICLE:*** _____
OF OUR CBA AND ALL OTHER RELATED ARTICLES.

EXPLAIN:*

ADJUSTMENT OR SETTLEMENT REQUESTED:* FULL REDRESS AND TO BE MADE WHOLE

AGGRIEVED SIGNATURE :* _____

DATE :* _____

COMMITTEE MEMBER SIGNATURE:* _____

DATE:* _____

MANAGEMENT SIGNATURE:* _____

DATE RECEIVED:* _____



GRIEVANCE FACT SHEET

- WHO IS INVOLVED IN THE GRIEVANCE ?

- WHAT ARE YOU GRIEVING? SECTION AND ARTICLE # FROM THE COLLECTIVE AGREEMENT

- WHEN DID THE GRIEVANCE OCCUR ?

- WHERE DID THE GRIEVANCE OCCUR ?

• DETAIL OF THE GRIEVANCE? NOTES TAKEN WHILE TALKING WITH THE GRIEVER

DETAIL OF THE FACTS SHEETS SHOULD NOT BE SHARED WITH MANAGEMENT THIS FOR OUR THE UNIONS EYES ONLY.IN CASE THIS EVER GOES BEFORE AN ARBITRATION WE ASK THAT YOUR NOTES BE LEGIBLE AND ACCURATE PLEASE HAVE THE GRIEVER SIGN THE BOTTOM OF THE FACTS SHEETS DATE AND TIME OF THE INTERVIEW

Signature of committee member: _____

Date: _____

Signature of Griever: _____

Date: _____

The response will be done in writing from management, one copy should be address to the Union and the other to the Griever. Please attach the response to your decision sheet, should management decide to respond verbally we should always insist the response be done in writing this is good way of keeping track of decisions

Decision from step one Date received:

I hereby appeal the decision of _____ on the above Grievance

Decision from step two Date received:

Decision from step three date received:

THE RESPONSE FROM LOCAL MANAGEMENT SHOULD BE DONE IN WRITING AND ON TIME.

TIME LINE SHOULD BE REPSECTED FROM BOTH PARTIES UNLESS AN EXTENSION AS BEEN GRANTED IN WRITING BY EITHER PARTY.

Arbitration applied for: _____ Date: _____

Final Settlement:



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MEMBER STATEMENT SHEET

GRIEVANCE # : *

A large empty rectangular box with a black border, intended for the member's statement.