

Union Grievance Form

Local

Grievance no.

1. The grievant

Name

Job title

Department or work location

Shift

Immediate supervisor

Phone

Email

Type: ☐ Individual ☐ Group (list everyone on a separate sheet) ☐ Union or policy grievance

2. The grievance

Date of the incident, or when the grievant learned of it

Date filed

Filed at step

Contract articles and sections violated

The union also cites all other applicable articles, laws, rules and past practices.

Statement of the grievance: what happened, who was involved, when and where

Remedy requested: what the union wants done to fix it

The union also asks that the grievant be made whole in every way.

3. Signatures

Grievant's signature

Date

Steward or union rep (print name)

Signature

Date

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Grievant

Grievance no.

4. Management's response

To be completed by the employer's representative.

Received by (name and title)

Date received

Response

Signature

Date

5. The union's decision

☐ Settled ☐ Withdrawn ☐ Appealed to the next step

Next step

Date

Rep's initials

6. More space

Continue the statement, remedy or response here. Say which section you're continuing.

Notes