

## who?

NAME OF GRIEVOR		LOCAL	
ADDRESS	PHONE (HOME)	PHONE (WORK)	
SECTION/DEPARTMENT	JOB TITLE	CLASSIFICATION	RATE OF PAY
EMPLOYER SERVICE FROM DATE	DEPARTMENT SERVICE FROM DATE	JOB SERVICE FROM DATE	

WITNESSES INVOLVED			
NAME	DEPARTMENT	JOB & CLASSIFICATION	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## what?

WHAT ARE THE FACTS OF THE GRIEVANCE OR COMPLAINT? (please refer to checklist for specific types of grievance)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## where?

WHERE DID THE GRIEVANCE OR COMPLAINT OCCUR (include a diagram, drawing or photo if that is helpful)

EXACT LOCATION \_\_\_\_\_

TYPE OF EQUIPMENT (if applicable) \_\_\_\_\_

AISLE/JOB/MACHINE NUMBER (if applicable) \_\_\_\_\_

## when?

WHEN DID THE GRIEVANCE OCCUR?

DATE \_\_\_\_\_ TIME \_\_\_\_\_

HOW OFTEN? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

## why?

WHY IS THIS A GRIEVANCE? (indicate which article(s) of the collective agreement, law, past practice, or human right was/were violated)

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## want?

WHAT DOES THE GRIEVOR WANT TO REDRESS THE GREIVANCE AND BE MADE WHOLE? (to put the grievor in exactly the same position s/he would have been in had the indident not occurred.)

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## employer

WHAT IS THE EMPLOYER'S POSITION ON THIS COMPLAINT?

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WHAT PRIOR ACTION HAS THE EMPLOYER TAKEN WITH THE GRIEVOR?

VERBAL WARNINGS

WRITTEN WARNINGS

OTHER PENALTIES IMPOSED

NAME AND TITLE OF IMMEDIATE SUPERVISOR

## steward

NAME

SIGNATURE OF STEWARD

DATE(S) OF INVESTIGATION

SIGNATURE OF GRIEVOR