

Unifor Local 2025

GRIEVANCE FORM

Name of Employer:	Public Service Alliance Canada	Grievance #:	
Date the incident took place:		Local #:	2025
Grievor's Name:		Employee Number:	
Union Representative Name:		Grievance Type:	Individual <input type="checkbox"/>
Nature of Grievance:			Group <input type="checkbox"/>
			Policy <input type="checkbox"/>
			Hybrid <input type="checkbox"/>

Contract and Section Violation(s):

Settlement desired:

Any and all other relief that the Union may request and/or that the Board deems just and proper in the circumstances.

I, consent to the collection, use and disclosure of my personal information by UNIFOR, in the course of pursuing the grievance set out above against my employer.	<input type="checkbox"/>	Signature of Grievor:	Date:

Signature of Steward/Union Representative: _____

STEP 1:

Date Submitted:		For the Union:	
Management response:			
For Management:		Date:	

STEP 2:

Date Submitted:		For the Union:	
Management response:			
For Management:		Date:	

STEP 3:

Date Submitted:		For the Union:	
Management response:			
For Management:		Date:	