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## GRIEVANCE FORM

Grievance # \_\_\_\_\_

Employee # \_\_\_\_\_

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dept: \_\_\_\_\_

Facility: \_\_\_\_\_ Region: \_\_\_\_\_

Dept. Manager: \_\_\_\_\_

Nature of Grievance (including date and time): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please use additional sheet(s) if necessary)

Articles of the Agreement Violated: \_\_\_\_\_

\_\_\_\_\_

and any other applicable articles of the Collective Agreement; as well as Section 80 (1) of the Labour Relations Act.

Adjustment Desired: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Date of Filing**

\_\_\_\_\_  
**Signature of Grievor**