

LOCAL 2009
GRIEVANCE FORM
(Please Print)



Grievance Number: (for office use only)

Grievor's Name:	Grievor's Work Location: (Employer's Name)
Name:	
Phone:	
Address:	
Grievor's Job Title:	Date grievance submitted to employer/union:
Job Steward name, phone , email:	Type of grievance:
Name:	<input type="checkbox"/> Individual
Phone:	<input type="checkbox"/> Group
Email:	<input type="checkbox"/> Policy
NATURE OF GRIEVANCE:	Collective Agreement articles violated:
I allege a violation of the collective agreement/ policy/past practice in that...	
...and all other applicable articles of the collective agreement and statutes	
REMEDY SOUGHT:	
The Union seeks full redress to include, but not limited to:	
<ul style="list-style-type: none"> • and a declaration that the Employer has violated the collective agreement and that this practice will not occur in the future., • and the Union and any person adversely affected by the Employer's actions be made whole under the collective agreement including, but not limited to, payment of full compensation for any and all lost income and benefits, including interest in accordance with the Court Order Interest Act of British Columbia, all of which are to be applied on a fully retroactive basis and be subject to applicable union dues; • The union reserves the right to seek further redress, but not,limited to punitive, exemplary and for general damages. 	
Signature of Grievor:	Signature of Steward:
X	X

Please send a copy of this form to: grievance@usw2009.ca