



Grain and General Services Union

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GRIEVANCE FORM

1. **NAME OF GRIEVOR:** _____
2. **ADDRESS:** _____
PHONE: *Bus.* _____ *Res.* _____ *Fax* _____
3. **DIVISION:** _____ **DEPARTMENT:** _____
4. **COMPANY:** _____
5. **STATEMENT OF GRIEVANCE**
(Quote appropriate section, if any. Attach additional sheets, if necessary.)

6. **DATE:** _____ 8. _____
Grievor's Signature

9. **GRIEVANCE SUBMITTED BY:** _____
Name of Union Representative/Shop Steward

TO: _____
Name and Title of Supervisor/Manager

10. **THIS WILL ACKNOWLEDGE THAT I HAVE RECEIVED A GRIEVANCE FROM**
_____ **ON** _____
Name of Union Representative/Shop Steward

**AND THAT I AM AWARE THAT THE AGREEMENT REQUIRES THAT I REPLY IN WRITING
TO THE UNION REPRESENTATIVE/SHOP STEWARD WITHIN _____ DAYS.**

Supervisor/Manager's Signature