



GRIEVANCE REPORT

USW Local 8914

Grievance No. _____

Date _____

Location: _____

Address: _____

Employee's Name	Employee #	Department	Job Title

Use space below to write in other important Grievance information.

Nature of Grievance:

Settlement requested in Grievance: **To be made whole in all areas when applicable**

Agreement Violation: **Including all other applicable Acts, Articles or Legislation**

The CBA as a whole and in particular _____, _____, _____, the Canada Labour Code and any other Acts, Laws, Regulations and/or statutes that may apply.

Signature Employee

Signature Union Representative

Grievance No. _____

Answer of Company Representative:

Date:

Answer of Company next step:

Date:

Answer of Company next step:

Date:

Answer of Company next step:

Date:

Answer of Company next step:

Date:
