



#301 – 4501 Kingsway, Burnaby, BC V5H 0E5
604-299-0378 | toll free 1-800-665-6838 | fax 604-299-8211

GRIEVANCE FORM

(PLEASE PRINT)

Grievor's name(s)		Grievor's home/work phone & email address	
Grievor's mailing address and postal code		Grievor's job title	
Grievor's work location and bargaining unit (Employer's Name)			
Name of manager (who is designated to receive the grievance)		Manager phone and email	
Job steward name, phone numbers and email		Grievance File No.	
Collective agreement articles breached: _____ <i>And all other applicable provisions of the collective agreement</i>		Grievance Stage: _____	
Describe the grievance generally:			
Remedy Sought (add the specific remedy sought by the grievor)			
The union also seeks to have the union and any person adversely affected, be made whole in all respects which would involve, but is not limited to, payment of full compensation for any and all lost income, benefits and other entitlements, monetary or otherwise. All such redress is to be applied on a fully retroactive basis and is to include, without limitation, the payment of interest in accordance with the Bank of Canada prime rate. The union further reserves the right to seek any other damages or corrective action it deems appropriate under the circumstances.			
Date submitted to Employer	Grievor's Name	Job Steward/Representative Name	
	Signature	Signature	

Please send a copy to
grievance@moveuptogether.ca