



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

GRIEVANCE HEARING NOTES

(PLEASE PRINT)
FOR THE UNION ONLY

Date _____

Time _____

Place _____

IN ATTENDANCE:

Steward: _____

Manager: _____

Grievor: _____

Supervisor: _____

Witness: _____

Other: _____

SUBJECT (Grievance: Protest, Demand, Adjustment):

DISCUSSION (attach additional pages as required)

SUMMARY

SUPERVISOR/MANAGER'S FINAL RESPONSE: _____

UNION'S FINAL POSITION: _____

ACTION REQUIRED: _____

_____ <p style="text-align: center;">Job Steward Name</p>	_____ <p style="text-align: center;">Job Steward Signature</p>
_____ <p style="text-align: center;">Date</p>	