



**IAM**  
**U N I O N**

**DISTRICT 14 / LOCALS 99,1722 & 2583**

**107, 10471 – 178 STREET NW  
EDMONTON, ALBERTA T5S 1R5**

**INFO@IAMDL14.ORG  
T:780.414.1499 / F:780.486.0674**

**Grievance Number: \_\_\_\_\_**

Date submitted to Employer's Representative:  
\_\_\_\_\_

Member's Name:  
\_\_\_\_\_

Member's seniority Date:  
\_\_\_\_\_

Position:  
\_\_\_\_\_

Reporting Steward:  
\_\_\_\_\_

Branch/Facility/Location:  
\_\_\_\_\_

Reporting Business Rep:  
\_\_\_\_\_

Supervisor:  
\_\_\_\_\_

**1. What is the Grievance or Complaint about? (Who, What, Where, Date and Time)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. State which clause(s) is/are affected (CBA, Company Policy, Legislation):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ and any other applicable clauses or articles

**3. What is the remedy requested to resolve this grievance?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ and to be made whole in all aspects

Steward's signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Grievor's signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Supervisors/managers response is to be written below, given to a Union steward, and a copy emailed to the Union Office. All responses must be submitted to the Union Office within CBA Time Limits.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grievance Number \_\_\_\_\_**

Fact Sheet UNION EYES ONLY (This form is to be seen and used by the union only, use the back of this form if necessary) \*\*Please phone the office for the grievance number. Once this form is completed, please send a copy to the Union Office - including the grievance number given by the office\*\*

Grievor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other contact information (alternate phone number, email addresses): \_\_\_\_\_

Branch/Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

Who from the union is involved (steward's name)? \_\_\_\_\_

Who from management is involved? \_\_\_\_\_

Witnesses (include name and all contact info): \_\_\_\_\_

What happened? (Where, When, Who was involved): \_\_\_\_\_

What other information is important? (Grievor's record, past occurrences, questions of just cause): \_\_\_\_\_

Why is this considered a grievance? (What was violated: contract, past practice, unfair treatment, laws): \_\_\_\_\_

What do we want the company to do to make it right? (Repayment of lost wages, letters removed, fair treatment): \_\_\_\_\_

Steward: \_\_\_\_\_ Date: \_\_\_\_\_