



CANADIAN UNION OF PUBLIC EMPLOYEES

GRIEVANCE FORM (To be completed in triplicate)

CASE No.: _____ Local 4700

EMPLOYER _____

EMPLOYEE : _____

DEPARTMENT : _____

CLASSIFICATION : _____

SUPERVISOR : _____

TO: _____

I/we the undersigned claim that : _____

Therefore, I/we request that:

Signature of Employee(s) or Union Officer: _____

DATED : _____

DISPOSITION OF GRIEVANCE

DATE OF SETTLEMENT: _____

IN FAVOUR OF EMPLOYEE: _____
(Yes) (No)

PARTICULARS OF DISPOSITION OF GRIEVANCE : (Describe carefully and indicate at what Step or Stage of Grievance Procedure case was finally closed.)

(Signature of Representative of the Employer)

(Signature of Shop Steward or Other Union Representative)

DATE: _____