



UNIFOR Local 87-M

GRIEVANCE FORM

Grievance #: _____

Name of Employer: _____ Local : _____

Grievor's name: _____

Date the incident took place: _____

Nature of Grievance: _____

Contract article or law violated includes: _____

Settlement desired: _____

I, consent to the collection, use and disclosure of my personal information by the UNIFOR Local 87-M, in the course of pursuing the grievance sent out above against my employer.

Signature of Grievor: _____

Date: _____

Signature of Steward/Rep.: _____

STEP 1: **Deadline:** _____

Date submitted: _____ For the Union: _____

Management response: _____

For Management: _____ Date: _____

STEP 2: **Deadline:** _____

Date submitted: _____ For the Union: _____

Management response: _____

For Management: _____ Date: _____

STEP 3: **Deadline:** _____

Date submitted: _____ For the Union: _____

Management response: _____

For Management: _____ Date: _____

STEP 4: **Deadline:** _____

Date submitted: _____ For the Union: _____

Management response: _____

For Management: _____ Date: _____

IF WRITTEN RESPONSE IS NEEDED AT ANY STEP, PLEASE ATTACH