



# 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