

NATIONAL WORKERS UNION/CARIMAN LTD.
GRIEVANCE FORM

NAME:..... TEL. NOs./...../.....

DEPARTMENT DATE OF INCIDENT.....

POSITION..... GRIEVANCE STATUS.....

NATURE OF GRIEVANCE*
.....
.....
.....

APPLICABLE SECTION OF THE COLLECTIVE AGREEMENT/LAW
.....

PRESENT STATUS/RESOLUTION.....
.....
.....

EMPLOYER COMMENTS.....
.....
.....

THIS FORM WAS SUBMITTED TO
Manager/Supervisor

On..... at
(Date) (Time)

A copy of this form was submitted to the union on by
(Date) (Shop Steward)

***IF THERE IS INSUFFICIENT SPACE FOR ALL THE DETAILS PLEASE USE A BLANK SHEET OF PAPER AND ATTACH IT TO THIS FORM**

This form should be completed in triplicate. One copy should be issued to Management, one to the NWU and the other kept on file by the Shop Steward.