

# GRIEVANCE PRESENTATION FORM

EMPLOYER: \_\_\_\_\_

REFERENCE NO: \_\_\_\_\_

To: \_\_\_\_\_

LEVEL:

ADDRESS: \_\_\_\_\_

1 2 3

A. EMPLOYEE SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

B. REP'S. NAME \_\_\_\_\_ PHONE: 667-2331

ADDRESS: #201-2285-2<sup>nd</sup> Avenue, Whitehorse, YT Y1A 1C9

C. **DETAILS OF GRIEVANCE**—where Grievance relates to the Collective Agreement or an Arbitral Award quote Article(s).  
NOTE: If further space is required attach additional sheets on 8 1/2" x 11" paper in triplicate.

D. **CORRECTIVE ACTION REQUESTED**

DATE: \_\_\_\_\_ SIGNATURE OF EMPLOYEE: \_\_\_\_\_

Approval for presentation of Grievance relating to the Collective Agreement and/or Arbitral Award and agreement to represent employee is hereby given.

DATE: \_\_\_\_\_ SIGNATURE OF BARGAINING AGENT REP: \_\_\_\_\_

DATE GRIEVANCE RECEIVED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

Distribution: Copies to the Grievance Officer, Bargaining Agent Representative, Department Personnel and the Employee (this is the employee's official notice that his grievance has been received).