



# GRIEVANCE FORM

Name \_\_\_\_\_ Work Location & Watch \_\_\_\_\_  
Address \_\_\_\_\_ Classification \_\_\_\_\_  
\_\_\_\_\_  
Employee # \_\_\_\_\_  
Phone/Cell # \_\_\_\_\_ Employee Status \_\_\_\_\_

**ARTICLE(S) VIOLATED** \_\_\_\_\_ et al

**DETAILS OF GRIEVANCE** (attach separate sheet if needed)

---

---

---

---

**REMEDY SOUGHT**

---

---

---

---

Grievor Signature \_\_\_\_\_ Date \_\_\_\_\_

**BCFMWU is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form you are consenting to have the BCFMWU use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members.**

## TO BE COMPLETED BY SHOP STEWARD

Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Phone/Cell # \_\_\_\_\_ POA/Local \_\_\_\_\_

**INITIAL DISCUSSION** with immediate Supervisor Date \_\_\_\_\_ Time: \_\_\_\_\_

Name & Classification of immediate Supervisor \_\_\_\_\_  
Name Classification

### STEP 1

Grievance presented to ☐ Local Supervisor ☐ Excluded Representative Date \_\_\_\_\_ Time: \_\_\_\_\_

Name of Local Supervisor Excluded Representative \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name

### STEP 2

Grievance presented to designated Excluded Representative Date \_\_\_\_\_ Time: \_\_\_\_\_

Name of designated Excluded Representative \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name

**Note:** If grievance not resolved at Step 2, forward grievance and all supporting information/documentation to Union office.

**Routing:** White – Employer Yellow – Union Pink – Grievor Green – Local President Orange – Shop Steward