A blue and red logo

Description automatically generated**Unifor Local 2025**

#### GRIEVANCE F ORM

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Employer:** | Public Service Alliance Canada | | | **Grievance #:** | |  | |
| **Date the incident took place:** |  | | | **Local #:** | | 2025 | |
| **Grievor’s Name:** |  | | | **Employee Number:** | |  | |
| **Union Representative Name:** |  | | | **Grievance Type:** | | Individual |  |
| **Nature of Grievance:** |  | | | Group |  |
| Policy |  |
| Hybrid |  |
| **Contract and Section Violation(s):** | | | | | | | |
|  | | | | | | | |
| **Settlement desired:** | | | | | | | |
|  | | | | | | | |
| **Any and all other relief that the Union may request and/or that the Board deems just and proper in the circumstances.** | | | | | | | |
|  | | | | | | | |
| I, consent to the collection, use and disclosure of my personal information by UNIFOR, in the course of pursuing the grievance set out above against my employer. | |  | **Signature of Grievor:** | | **Date:**  Click or tap to enter a date. | | |

Signature of Steward/Union Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **STEP 1:** | | | |
| Date Submitted: | Click or tap to enter a date. | For the Union: | Click or tap here to enter text. |
| Management response: | Click or tap here to enter text. | | |
| For Management: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |

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| **STEP 2:** | | | |
| Date Submitted: | Click or tap to enter a date. | For the Union: | Click or tap here to enter text. |
| Management response: | Click or tap here to enter text. | | |
| For Management: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |

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| **STEP 3:** | | | |
| Date Submitted: | Click or tap to enter a date. | For the Union: | Click or tap here to enter text. |
| Management response: | Click or tap here to enter text. | | |
| For Management: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |

IF WRITTEN RESPONSE IS NEEDED AT ANY STEP, PLEASE ATTACH. lmc/cope-343