**Unifor Local 2025**

#### GRIEVANCE F ORM

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| **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):** |
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| **Settlement desired:**  |
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| **Any and all other relief that the Union may request and/or that the Board deems just and proper in the circumstances.** |
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| 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