

GRIEVANCE FORM

Employee's Name _____ Phone _____

Department/School _____

Employee Address _____
Street/PO Box

_____ *Town* _____ *Province* _____ *Postal Code*

1. Nature of the Dispute:
2. Section(s) of the Agreement violated:
3. Facts of the Case: (attach separate page, if necessary)
4. Remedy sought
5. Results of informal stage of settlement:

6. Signature of Employee

Signature

Date

7. Signature of AUFA Representative

Signature

Date