

National Maintenance Council for Canada
GRIEVANCE FORM

Project: _____

Employer: _____

Date: _____

Union Name: _____ Local: _____

Employee(s) Involved:

Date of Grievance: _____

Article/Clause Violated: _____

Nature of Grievance: (Attach further details if necessary)

Remedy Requested:

Please check as appropriate:

Which of the following steps have been completed?

- Between Employee and/or Job Steward – Company Supervisor.
- Between Employee and Job Steward and/or Business Agent – Supervisor and Project Labour Relations Coordinator and/or Project Manager/Superintendent
- Between International Representative & Business Agent – Labour Relations Manager

Signed: _____

Employee/Job Steward/Local Union Representative