

Date

Project _____

Union Name _____ Local _____

Collective Agreement GPMA NMA

Article/Clause Contravened: _____

JOB STEWARD	EMPLOYER	SUPERVISOR	EMPLOYEE/GRIEVOR NAME
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Full Name _____	Full Name _____	Full Name _____	Full Name _____
Contact Info _____	Site/Area _____	Contact Info _____	Contact Info _____

Statement/Nature of Grievance:
Provide a brief description of incident. Attach a detailed statement to this form.

Remedy Requested:
Indicate solution/resolution.

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:

Job Steward	_____	_____	_____
	Print	Sign	Date
Employer	_____	_____	_____
	Print	Sign	Date
Employee	_____	_____	_____
	Print	Sign	Date