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| TWU USW Local 1944 - Primary | **Grievance Form** |  |
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| **Member personal information is private and confidential and only used for the express purpose of administering the business of the Union.** |
|  [ ]  TWU, 5261 Lane Street, Burnaby BC V5H 4A6 Tel: 604-437-8601⬩ Fax: 604-435-7760 [ ]  TWU, 403 – 1630 Pandosy Street, Kelowna BC V1Y 1P7 Tel: 250-860-5025⬩ Fax: 250-860-6737 [ ]  TWU, 212 – 2816 11 St NE., Calgary AB T2E 7S7 Tel: 403-237-6990⬩ Fax: 403-802-2381 [ ]  TWU, 4262 91A St N.W., Edmonton AB T6E 5V2 Tel: 780-444-6945⬩ Fax: 780-488-6911 [ ]  TWU, 412 – 10 Milner Business Court., Scarborough ON M1B 3C6 Tel: 416-506-9723⬩ Fax: 416-506-9722 [ ]  TWU, 540 – 4060 Ste. Catherine West, Westmount QC H3Z 2Z3 Tel: 514-788-8811⬩ Fax: 514-788-8813 |
|  **Email** *:* **twu@usw1944.ca** |  **Website** *:* **www.usw1944.ca** |
| **Type of Grievance***:* **[ ]  Individual** **[ ]  Group****[ ]  Job Posting [ ]  Policy**FOR UNION USE ONLY – NOT TO BE SHOWN TO THE COMPANYTO BE COMPLETED BY THE SHOP STEWARD – PLEASE PRINT IN INK AND SEND COPY AND NOTES TO THE LOCAL UNION REPRESENTATIVE ASSIGNED TO YOUR UNIT. |
| 1. **Date and time of incident:**        | 2. **Unit:** |
| 3. **Date of Complaint:**        | 4. **Shop Steward:**  |
| 5. **Name(s) of Complaining Party(ies):**       | 6. **Shop Steward’s Phone Number:**  **Home:**       **Work:**       |
| 7. **Rate of Pay:**       | 8. **Seniority Date:**       |
| 9. **How long in present job:**       | 10. **Collective Agreement Appendix:**       |
| 11. **Department:**      | 12. **Location of incident (city):**      | 13. **Category:** *(to be filled out by BA)*      |
| 14. **Name(s) of witness(es)****:**      | 15. **Issue (5 words or less):**  |
| 16. **Grievor(s) Phone Number:****Home:**       **Work:**       |
| 17. **Email address (if any):**       |
| 18. **Signature(s) of Grievor(s):**  |