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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 COMPANY TO 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):** | | | | | | | |