

**GRIEVANCE PRESENTATION
PUBLIC SERVICE ALLIANCE OF CANADA**

DEPARTMENTAL USE ONLY

SECTION 1 (A) (B) (C) TO BE COMPLETED BY EMPLOYEE

REFERENCE#

SURNAME

GIVEN NAMES

PLEASE PRINT

PHONE #

HOME ADDRESS

JOB CLASSIFICATION

NAME OF DEPARTMENT OR AGENCY

BRANCH OR DIVISION

SECTION

WORK LOCATION

SHIFT

DETAILS OF GRIEVANCE (WHERE GRIEVANCE RELATES TO A COLLECTIVE AGREEMENT OR AN ARBITRAL AWARD, QUOTE ARTICLE (S) OR CLAUSE (S))

CORRECTIVE ACTION REQUESTED

SIGNATURE OF EMPLOYEE

SECTION 2 TO BE COMPLETED BY REPRESENTATIVE OF BARGAINING AGENT WHERE APPLICABLE

APPROVAL FOR PRESENTATION OF GRIEVANCE RELATING TO COLLECTIVE AGREEMENT AND/OR ARBITRAL AWARD AND AGREEMENT TO REPRESENT EMPLOYEE IS HEREBY GIVEN

SIGNATURE OF BARGAINING AGENT REPRESENTATIVE

BARGAINING AGENT

BARGAINING UNIT

NAME OF LOCAL REPRESENTATIVE OF BARGAINING AGENT

PHONE NUMBER

ADDRESS FOR CONTACT

SECTION 3 TO BE COMPLETED BY EMPLOYEE WHERE REPRESENTATIVE IS NOT A REPRESENTATIVE OF BARGAINING UNIT

NAME OF LOCAL REPRESENTATIVE

PHONE NUMBER

ADDRESS FOR CONTACT

SECTION 3 TO BE COMPLETED IMMEDIATE SUPERVISOR OR LOCAL OFFICER IN CHARGE

TITLE OF MANAGEMENT REPRESENTATIVE

DATE RECEIVED AT LEVEL 1