



URBAN
CANADIAN UNION OF POSTAL WORKERS



(Office Use Only)
GRIEVANCE INVESTIGATION FORM
CONFIDENTIAL

PART "A"

To be completed by the grievor (Please Print or Type and attach all documents.)

Form fields for Part A: Last Name, Given Names, Address, City, Postal Code, Telephone, Email Address, Employee ID Number, First date of service, Name of Shop Steward, Date of Investigation, Name of company, Classification, Section, Telephone, Time of Shift, Local, Employee, Full Time, Part Time, Casual.

PART "B" (To be completed by the grievor or the witness(es) with the help of the Shop Steward.)

Grievor:

The incident giving rise to the grievance occurred on:

Date: Location:

Persons involved: Supervisor: Supervisor: Witness:

In your own words, state all the facts

On what date did you become aware, for the first time, that you had a grievance?

I hereby authorize the representative(s) of the CUPW to examine my personal file.

(Signature)

