



INTERNATIONAL ASSOCIATION OF MACHINISTS
AND AEROSPACE WORKERS
LOCAL LODGE 99



#101, 10471 - 178 Street NW
Edmonton, Alberta
T5S 1R5
http://www.iamaw99.ca

TEL: (780) 414-1499
FAX: (780) 483-1606
TOLL FREE: 1-866-799-7799

Grievance Number: __ - ____

Today's Date: _____

Reporting Steward: _____

Member's Name: _____

Branch/Facility/Location: _____

Seniority Date: _____

Department / Area: _____

Position: _____

Supervisor: _____

1. What is the Grievance or Complaint about? (State Date and Time)

2. State which clause or clauses is / are affected:

Article # _____
_____ and any/or other applicable clauses or articles

3. What is the remedy requested to resolve this grievance?

and to be made whole in all respects

Steward signature: _____

Date signed: _____

Date Submitted: _____

Grievor's signature: _____

Date signed: _____

Supervisor's signature: _____

Date signed: _____

Supervisors /managers response is to be written below, given to a Union steward, and a copy faxed to the Union Office (see number listed above). All responses must be submitted to the Union Office within Ten (10) working days. _____

Grievance # ____-____ Fact Sheet

UNION EYES ONLY

(This form is to be seen and used by the union only, use the back of this form if necessary)

Please send a copy of this form to the Union Office -including the grievance number

Grievor Name: _____ Phone Number: _____

Other contact information (alternate phone number, email addresses): _____

Department: _____ Job Title: _____

Who from the union is involved (steward's name)? _____

Who from management is involved? _____

Witnesses (include name and all contact info only): _____

What happened? (Where, When, Who was involved): _____

What other information is important? (Grievor's record, past occurrences, questions of just cause): _____

Why is this considered a grievance? (What was violated: contract, past practice, unfair treatment, laws): _____

What do we want the company to do to make it right? (Repayment of lost wages, letters removed, fair treatment): _____

Steward: _____ Date: _____