



**INTERNATIONAL ASSOCIATION OF MACHINISTS
AND AEROSPACE WORKERS, LOCAL LODGE 99**

107, 10471 – 178 Street
Edmonton, Alberta
T5S 1R5



TEL: (780) 414-1499
FAX: (780) 486-0674
www.iamaw99.ca

Grievance Number: ___ - ____

Date submitted to Employer's Representative:

Member's Name:

Member's seniority Date:

Position:

Reporting Steward:

Branch/Facility/Location:

Department / Area:

Supervisor:

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

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

_____ 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's signature:

Date signed:

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 Thirty (30) working days.

Grievance Number ___ - ___

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 phone the office for the grievance number. Once this form is completed, please send a copy to the Union Office - including the grievance number given by the office**

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): _____

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: _____