# BC Union Workers' Union
# Grievance Form

Grievance #: _____

Name of Employer: _____

Grievor's name:

Date the incident took place:

Nature of Grievance:

Settlement desired:

Signature of Grievor: Date:

Signature of Steward:

**STEP 1**:

Date Submitted: _____ For the Union: _____

Management response:

For Management: _____ Date: _____

**STEP 2**:

Date Submitted: _____ For the Union: _____

Management response:

For Management: _____ Date: _____

**STEP 3**:

Date Submitted: _____ For the Union: _____

Management response:

For Management: _____ Date: _____

***IF A WRITTEN RESPONSE IS NEEDED AT ANY STEP, PLEASE ATTACH.***