



**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.