

**GRIEVANCE INFORMATION FORM
(ARTICLE 4)**

Date:.....

Name of Employee:

Department:

Nature of Grievance

(Explain in detail the nature of grievance or specific provision of Collective Agreement which has been violated and details of complaints, if any.)

.....
(Employee's signature)

.....
(Union's Representative's Signature)

Acknowledgement of Head of Department/Manager of above.

.....
(Signature)

Name:.....

Date:.....