**GRIEVANCE FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Case Number:** | | | **Y** | **Y** | **Y** | **Y** | **-** | | **M** | **M** | **-** | **D** | **D** | | |  |  | | --- | --- | | **0** | **0** | | | **Local Number:** 5209 | | |
| **Employer:** | | | YMCA-YWCA National Capital Region | | | | | | | | | | | | | | | |
| **Employee:** | | |  | | | | | | | | | | | | | | | |
| **Classification:** | | |  | | | | | **Employee #:** | | | | | | | |  | | |
| **Supervisor:** | | | Belinda Bordoff | | | | | **Seniority Hours:** | | | | | | | |  | | |
| **To:** | Judy Perley  Senior Director of Housing | | | | | | | **Address:** | | | | | | | |  | | |
| **Phone #:** | | | | | | | |  | | |
| **Grievance Step: 1 󠄀**  **2**    **Grievance Type:**  *Individual/ Group/ Policy* | | | | | | | | **E-Mail:** | | | | | | | |  | | |
| I/we protest and grieve that the Employer has violated the Collective Agreement, including but not limited to Article # \_\_\_\_\_\_, and any other applicable Articles, Acts and/ or Legislation. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Therefore I/we request that:**  the affected employee(s) be made whole in all respects and any other redress deemed appropriate, just, fair or equitable by an Arbitrator. Specifically, | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Signature of employee(s) and/ or Grievance Chair:** | | | | | | | | | | | | | | | | | | |
| **Grievor:** | |  | | | | | | | | | | | | **Date:** | | | |  |
| **Union President:** | |  | | | | | | | | | | | | **Date:** | | | |  |

**DISPOSITION OF GRIEVANCE**

(To be completed by supervisor or employer representative)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Disposition:** |  | **Was grievance awarded?** | (Awarded/ Denied) | | | | |
| **Was a meeting held with the supervisor and the employee and/ or union steward?** | | | **Yes** | |  | **No** |  |
| **Please indicate reasons for decision:** | | | | | | | |
|  | | | | | | | |
| **Name of Supervisor or other Representative of the Employer:** | | | |  | | | |
| **Signature:** | | | |  | | | |

**HOW TO COMPLETE THE GRIEVANCE FORM**

1. The steward/ union representative and/ or the employee, complete the first two sections of the grievance form.

2. The steward/ union representative or the employee saves one copy and sends one copy to the supervisor or employer representative.

3. You should encourage the employer representative or supervisor to meet with the employee in an attempt to resolve the matter.

4. The employer is to respond to the grievance within the time frame set out in the collective agreement by completing the *disposition of grievance* section. The employer representative is to send/ return a completed copy to the steward/ union representative or employee.

5. If the grievance is not resolved and the employee wishes to proceed to STEP 2, one copy of the completed grievance form must be forwarded to the national representative immediately. Please ensure that enough information accompanies the form. It may be helpful to include your notes from the grievance meeting.

6. Make 4 copies of form and then forward **ORIGINAL** form to the Executive office. Distribution of copies: 1 copy each to Labour Relations Associate, Union Rep, Union member being represented and Management (person named in Grievance).

Thanks very much for your help!