

Article 18.00 Appendix I

GRIEVANCE FORM

Employee's Name _____ Phone _____

Department/School _____

Employee Address _____

Street/PO Box

Town Province Postal Code

1. Nature of the Dispute:

2. Section(s) of the Agreement violated:

3. Facts of the Case: (attach separate page, if necessary)

4. Remedy sought:

5. Results of informal stage of settlement:

6. Signature of Employee

Signature Date

7. Signature of AUFA Representative

Signature Date