

**Article 18.00 Appendix I**

GRIEVANCE FORM

Employee's Name \_\_\_\_\_ Phone \_\_\_\_\_

Academic Unit \_\_\_\_\_

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*