

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* _____