



<b>ONTARIO EMPLOYEE ASSOCIATION</b>	<b>#</b>
<b>GRIEVANCE FORM</b>	

INFORMATION ABOUT YOU			
Your Full Name:		Job Title:	
Email:		Phone #:	Membership #
			Yard:

INFORMATION ABOUT GRIEVANCE			
Employer:	Expercom	Date of Incident:	
Association Representative		Date Grievance Filed:	
		Type of Grievance	Individual <input type="checkbox"/> Group <input type="checkbox"/> Policy <input type="checkbox"/>

DESCRIPTION OF ISSUE OR INCIDENT
<i>Briefly describe the issue or incident that caused your grievance and explain what it is about the incident(s) that you are complaining about (including which part of the Collective Agreement you feel has not been properly applied)</i>

ACTION ALREADY TAKEN		
<i>Have you raised this matter as an informal complaint with your immediate supervisor? (if yes, provide details on who you raised it with, when and what response you received)</i>	Yes	No
<i>Did you involve your Association Representative to help mediate (and if yes, who)?</i>	Yes	No
<i>Briefly describe what else you have already done to raise and resolve the problem</i>		

REMEDY SOUGHT
<i>Briefly describe what you want to happen. How can matters be put right? What will resolve your grievance or complaint?</i>
Full redress including, but not limited to....

SIGNATURE & DECLARATION	
<i>I declare that I am raising this matter in good faith and that the details I have given are accurate to the best of my knowledge</i>	
Signature:	Date: