Exercise: Wording a Grievance

GRIEVANCE FORM		Reference No
SECTION 1 - TO BE COMPLETED BY EMPLOYEE		
Surname	Given Names	Telephone
Home Address		Job Classification
Department or Agency		Work Location
Statement of Grievance (Quote collective agreement reference where applicable) **I am grieving the unfair treatment I have received from our Administrative Officer - Mrs. White.** **I would like to know why I was not paid overtime for the extra hours I worked June 15th. I started work at 8:30 a.m. and only took my usual lunch and coffee breaks. I did not leave the office until 8:00 p.m. I have witnesses to prove it, and am willing to supply their names if necessary. When I approached my supervisor she told me to take up the matter with the Administrative Officer. When I spoke to Mrs. White about it she was very rude and told me there was nothing she could do about it.**		
Corrective Action Requested **I request a complete review of the situation, a full explanation and an apology in writing from the Administrative Officer.**		
Signature:	Date:	
SECTION 2 - TO BE COMPLETED BY REPRESENTATIVE OF BARGAINING AGENT		
Approval for presentation of grievance and agreement to represent employee are hereby given		
Signature:	Date:	
Name of Local Representative of Bargaining Agent		Telephone
Address for Contact		
SECTION 3 - TO BE COMPLETED BY IMMEDIATE SUPERVISOR OR LOCAL OFFICER IN CHARGE		
Title of Management Representative	Date Received	
Signature:		