



CANADIAN UNION OF POSTAL WORKERS

INTERNAL GRIEVANCE INVESTIGATION FORM

- CONFIDENTIAL -

PART "A"

To be completed by the grievor – Please print

Last name : _____
 Given names : _____
 Address: _____
 City: _____
 Postal Code : _____
 Telephone: (_____) _____
 Employee Number : _____
 First date of service: _____

Name of company : _____
 Classification: _____ Shift: _____
 Section : _____
 Work location : _____
 Telephone : (_____) _____
 Time of Shift: From: _____ to _____
 Local _____
 Employee : Full time Part time
 Temporary Probation

Name of Shop Steward : _____ Date of Investigation : _____

PART "B" *(To be completed by the grievor or the witness(es) with the help of the Shop Steward).*

Grievor : _____

The incident giving rise to the grievance occurred on :

Date : _____ Time : _____ Location: _____

Persons involved : Supervisor : _____ Witness: _____

Supervisor : _____ Witness: _____

In your own words, state all the facts

On what date did you become aware, for the first time, that you had a grievance? _____

I hereby authorize the representative(s) of the CUPW to examine my personal file.

(Signature)

PART "C" To be completed by the Shop Steward

Verification: Date and time of incident
(Check ✓) **Written statement** of witnesses
Supporting documentation for the grievance
(ie. letter, opportunity list, etc.)

Specific cases where documentation **is required** for grievance representation:

Overtime : Copy of equal opportunity for overtime list
Leave : Copy of notice of leave without pay, copy of request for leave form,
copy of medical certificate, copy of Summons from Court
Salary, premiums,
Allowances : Copy of letter from employer, cheque stub, memo, etc.
Discipline : Copy of notice of interview, copy of letter from employer, signature and written
statement of witnesses.

Additional information from the Shop Steward:

(Employer's comments, if application)

Corrective action requested:

This form is the exclusive property of the Canadian Union of Postal Workers **and must be sent to the grievance officer as soon as it is completed. Any unjustified delay could breach the validity of the grievance.**

FOR USE BY THE LOCAL

- 1) Name of the officer responsible: _____
- 2) For any disciplinary measure (including absenteeism), please attach to this form a summary of the grievor's personal file.

Signature : _____ Date : _____