CANADIAN UNION OF POSTAL WORKERS

INTERNAL GRIEVANCE INVESTIGATION FORM

PART "A" **- CONFIDENTIAL -**

To be completed by the grievor - Please print

Last Name: _____

Given names: _____

Address: _____

City: _____

Postal Code: _____

Telephone: _____

H.R.I.D.: _____

Membership No.: _____

First date of Service: _____

Classification: _____ Shift: _____

Section/Facility: _____

Post Office: _____

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: _____

<u>In your own words, state all the facts</u>

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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: ☐ Written Statement of witnesses: ☐
(Check)
Supporting Documentation for the grievance (Letter, opportunity list, etc.) ☐

Specific cases where documentation is required for grievance representation:

Overtime: Copy of equal opportunity overtime lists;
Leave: Copy of notice of leave without pay, copy of request for leave form, copy of medical certificate, copy of summons (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 applicable)

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Corrective Action Requested:

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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: _____