STAFF OF THE NON-PUBLIC FUNDS, CANADIAN FORCES
GRIEVANCE PRESENTATION FORM

(HR Use) Reference #

Privacy notice

Personal information is collected pursuant to sections 207 and 208 of the *Federal Public Sector Labour Relations Act* and sections 66 and 76 of the *Public Service Labour Relations Board Regulations*. The information is used for informal conflict resolution and/or to administer individual or group grievances at each of the levels in the grievance process.

Personal information is protected, and is only used and disclosed in accordance with the provisions of the *Privacy Act* and as described in personal information bank Grievances – PSE 910. Under the Act, individuals have rights of access to and correction of their personal information, and the right to file a complaint to the Privacy Commissioner of Canada regarding the institution's handling of personal information.

If you require clarification about this statement, contact our privacy coordinator at ATIP.AIPRP@cfmws.com. For more information on the *Privacy Act*, consult the Office of the Privacy Commissioner of Canada.

Employee's Name_____ Base/Wing/Unit_____
Employee's Job Title_____ Outlet_____
Telephone numbers (w)_____ (h)_____
Home Address_____
_____

Level to which the grievance is being presented: Level 1 ☐ Level 2 ☐ Level 3 ☐

Grievance details: (State the act or omission or other matter that caused the alleged violation or misinterpretation that affected the Employee's terms and conditions of employment (please quote any relevant policy, statute, regulation, direction, or other instruments). Where grievance relates to a collective agreement or an arbitral award, please quote relevant article(s) or clause(s)):

Date on which the action giving rise to the grievance occurred:_____

Date on which you discussed the grievance with your manager: _____

Corrective action requested:

_____ _____

Signature of employee Date

Name of Bargaining Agent:_____

Name of local representative:_____

Address for contact:_____

_____

Telephone number:_____

I confirm, as an authorized Union representative, that the Union hereby approves the presentation of this grievance relating to the collective agreement or arbitral award and agrees to represent the employee.

_____ _____

Signature of Bargaining Agent Date

To be completed by Employee Representative if not a Bargaining Agent

Name of Representative:_____

Address for contact:_____

_____

Telephone number:_____

I agree to act on behalf of the Employee.

_____ _____

Signature of Representative Date

Employer Acknowledgement :

Name and title of Employer representative who received the grievance:

_____	_____
Signature of Employer representative	Date received

PROTECTED B (when completed)