



Canadian Union of Postal Workers

CANADIAN UNION OF POSTAL WORKERS
GRIEVANCE INVESTIGATION FORM
-CONFIDENTIAL-

PART 'A'

To be completed by the grievor

Last Name:		Classification:		Shift:	
Given Names:		Section/Station:			
Address:					
City:		Post Office:			
Postal Code:		Time of Shift: From:		To:	
Telephone:		Employee:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
CPC ID No:			<input type="checkbox"/> Temporary	<input type="checkbox"/> Probation	
Name of Shop Steward:		Continuous Service Date:			
		Date of Investigation:			

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

Grievor:

Grievance incident occurred on: Date: Time: Location:

Persons involved: Supervisor: Worker:

Supervisor: Worker:

Grievance Information: Who is involved? What is the problem? When did it occur? Where did it happen? Why is this a grievance?

(If more space is required, please attach a separate document to this form.)

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:
(Check)

☐ Date and time of incident

☐ Written statement of witnesses

☐ Supporting documentation for the grievance (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 (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 and dated statement of witnesses.

Additional information from the Shop Steward:

(Employer's comments, if applicable)

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.

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 record.

Signature: _____ Date: _____