



# GRIEVANCE

Hospital Employees' Union

*To be completed by provincial/regional office*

MEMBERSHIP #	_____
GRIEVANCE #	_____
KEYWORD 1	_____
KEYWORD 2	_____

BETWEEN: Hospital Employees' Union ( \_\_\_\_\_ ) LOCAL

AND: \_\_\_\_\_  
EMPLOYER SITE

Name of Grievor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title/Desc: \_\_\_\_\_ Wage Rate/Grid: \_\_\_\_\_

Employee Status Full-Time  Part-Time  Casual  Seniority Date: \_\_\_\_\_

Work Area: \_\_\_\_\_ Department: \_\_\_\_\_

NATURE OF GRIEVANCE: \_\_\_\_\_

Article Violated (and any other article relevant to the grievance) \_\_\_\_\_

Remedy Sought: \_\_\_\_\_

Grievor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I CONFIRM I HAVE PERMISSION TO SIGN ON BEHALF OF THE GRIEVOR:**

HEU OFFICER/SHOP STEWARD SIGNATURE: \_\_\_\_\_

DATE GRIEVANCE FILED: [Click to enter a date.](#)

RECEIVED BY SUPERVISOR/MANAGER (signature) \_\_\_\_\_

LOCAL GRIEVANCE # \_\_\_\_\_

DATE: [Click to enter a date.](#)

MANAGEMENT RESPONSE: \_\_\_\_\_

DATE MANAGEMENT RESPONSE: [Click to enter a date.](#)

SIGNATURE: \_\_\_\_\_

**NOTE: Management Representative must give copy of written reply to shop steward within seven days**