



## **GRIEVOR'S STATEMENT**

Please include all pages of your Pay Summary for the month(s) in question, a copy of your eClaim submission, and copies of your original PBS block.

If you have any questions please call us at (905) 676-4293.

Name: \_\_\_\_\_

Employee No: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

How would you like to be contacted \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please describe the incident, including what happened, how and where it happened, all members involved and what you would like as a resolution.

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Please sign the bottom and leave all of the documentation with one of the officers at the CUPE Local 4092 office.

Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_