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NSNU Grievance Form

If you have a grievance, please complete the following form. For assistance, please contact your Local Union Representative or Labour Relations Representative. Once completed, **signed copies must be forwarded** via fax, email or mail to **all** of the following:

- NSNU Local Executive Member
- NSNU Provincial Office
- Employer (Human Resources Department)
- Grievor

Name of Employer	Name of NSNU Local and/or Bargaining Unit

Check whether Individual or Policy/Group Grievance

<input type="checkbox"/> Individual Grievance		<input type="checkbox"/> Policy or Group Grievance		
Signature of Grievor		Signature of Union Representative		
Name of Grievor	Address	City	Province	Postal Code
Work Unit or Dept	Classification		Pay Scale	
Home Phone	Work Phone	Cell Phone		
Email				
Date of Discussion at Step 1 and name of person with whom discussed: _____				
Response to Step 1 (include by whom and when): _____				

Name and/or title of Management Representative to whom this form will be submitted	Date
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Details of Grievance (Describe briefly the events giving rise to the Grievance – what happened, when it happened, who was involved, where did it happen, why are you filing a grievance.)

Particular Collective Agreement Articles Violated:

Management please note: *Reference to specific articles of the collective agreement is intended to assist the Parties in the resolution of this matter and is not necessarily exhaustive. The Union reserves the right to rely at any stage in the proceedings on any articles relevant to the substance of the Grievance, whether noted on this Grievance or not. Further, the Union reserves the right to rely on any applicable Federal or Provincial legislation, including the Canadian Charter of Rights and Freedoms. Further the Union reserves the right to claim that the Employer has acted unreasonably and/or in bad faith.*

Corrective Action Requested: