CANADIAN UNION OF POSTAL WORKERS

INTERNAL GRIEVANCE INVESTIGATION FORM

~ CONFIDENTIAL ~

PART "A" – To be completed by the griever

Last name:	Classification: Shift:
Given name:	Section/Station/Depot:
Address:	Post Office:
City & Postal Code:	Telephone:
Telephone:	Time of shift:
Employee ID:	Local: 710
First date of service:	Status: ❑ FT ❑ PT ❑ Int Temp
Seniority date:	❑ Ext Temp ❑ Cas.

Shop Steward: _____ Date of Investigation: _____

PART "B" – To be completed by the griever or the witness(es) with the help of the Shop Steward

The incident giving rise to the grievance occurred on (date) _____ at (time) _____

Location: _____

On what date did you become aware, for the first time, that you had a grievance? _____

Persons involved:
Supervisors: _____
Witnesses: _____

In your own words, clearly state all the facts:

Corrective action requested by the griever:

I hereby authorize the representative(s) of the CUPW to examine my personal file.

Signature: _____ Date: _____

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.)

Examples of cases where specific 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 statement of witnesses

Additional information from the shop steward (articles of CA violated, employer's comments, etc.):

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. Any delay could breach the validity of the grievance.