



Canadian Media Guild
La Guilde canadienne des médias
TNG Canada / CWA



GRIEVANCE

Location and Grievance Number

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Name of grievor(s)	
Supervisor / manager	
Department	

Date of incident	
Date of discussion with supervisor/manager	

Dispute Resolution Process (DRP) Information

Date of 1st DRP meeting	Date of 2 nd DRP meeting	Date of any additional meeting, if applicable
Is statement of facts from the Dispute Resolution Process attached ? Yes <input type="checkbox"/> / No <input type="checkbox"/> - If No, explain:		

Article Number(s) Involved

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Grievance Information

Issue/incident giving rise to the grievance
(If statement of facts from Dispute Resolution Process is not attached, provide all necessary details including dates, times, names of individuals involved, etc. If necessary, attach additional page)

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Specific remedy sought <i>(Provide as much detail possible)</i>
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Grievor(s) Signature	Date
Union Representative Signature	Date