

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 (604) 295-4259 .

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.

Please sign the bottom and leave all of the documentation with one of the officers at the CUPE Local 4094 office.

Signature:

Date: __/__/__