

CUPE 4095
 Your local union at work
 403-221-2625
office@local4095.ca
 Airline Division of CUPE
 Division de Transport Aérien
 Canadian Union of Public Employees
 Syndicat Canadien de la Fonction Publique



GRIEVOR'S STATEMENT

Please include any substation you have such as all pages of your Pay Summary for the month(s) in question, a copy of your eClaim submission, copies of your original PBS block, etc.

If you have any questions please call us at (403) 221-2625.

Name: _____

Employee No: _____

Date of Incident: _____

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 4095 office, in our mailbox at the comm centre or email it to office@local4095.ca

Signature: _____

Date: __/__/__

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