

This form should be completed in triplicate

**UNION OF TECHNICAL, ADMINISTRATIVE AND SUPERVISORY PERSONNEL
(UTASP)**

SHOP #8. 3 BEECHWOOD AVENUE, KINGSTON 5
TELEPHONE 876 754-4905 FAX 876 754-4906

GRIEVANCE FORM

Full Name _____ Telephone # _____

To whom Employed _____ Date of Incident _____

Category of work _____ Grievance Status _____

Nature of Grievance * _____

Applicable section of the collective agreement/Law

Present Status/Resolution _____

Employer Comments _____

This form was submitted to _____ On _____ At _____
Manager/Supervisor Date Time

A copy of this form was submitted to the union on _____ by _____
Date Shop Stewart

- *If you require more space please use a blank sheet and attach it to form*