



BOILERMAKERS LODGE 146 GRIEVANCE FORM

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EMPLOYEE'S NAME		AREA REPRESENTATIVE	
EMPLOYER			
JOB SITE		PROJECT	

EMPLOYEE(S) INVOLVED:

COLLECTIVE AGREEMENT: <input type="checkbox"/> BCA <input type="checkbox"/> NMA <input type="checkbox"/> GPMA <input type="checkbox"/> PLA <input type="checkbox"/> SHOP_____ <input type="checkbox"/> OTHER _____

ALLEGED ARTICLE(S) VIOLATED:

DATE OF ALLEGED VIOLATION MM/DD/YYYY

NATURE OF THE GRIEVANCE (attach further details if necessary):

REMEDY SOUGHT:

DATE: MM/DD/YYYY		

JOB STEWARD'S SIGNATURE

AREA REPRESENTATIVE SIGNATURE