

## **Grievance Form**

## **Formulaire de Grief**

**Case No/Dossier No:**

**Employer/Employeur: Ottawa Hospital**

**Employee/Employé(e):**

**Department:Patent**

**Classification:**

**Supervisor:**

**Seniority date:**

**Address:**

**Home Telephone #:**

**Business Telephone #:**

**To/À:**

**I/We the undersigned claim that the Hospital is in violation of the current Collective Agreement article p**

**Therefore I/We request full redress.**

**Grievor/Plaintif/Plaintive:**

**Date:**

**Union officer/Diregeant(e) syndical(e)**

**Date:**

**The Local Union reserves the right to utilize any applicable article of the current Collective Agreement**