

FORM 2.16.2 GRIEVANCE – SIDE A (EMPLOYEE)

1. Employee Name: _____ Date: _____

2. Employee mailing address:

3. Date, time, and place of event leading to grievance:

4. Detailed account of occurrence (include names of persons involved, if any):

5. Please state employee contract terms, Board Policy, or legislation that you feel have been violated:

6. Proposed solution to grievance:

The grievant should retain a copy of this form for their records. The signature below indicates that you are filing a grievance, and any information on this form is truthful.

Employee Signature

Date

Management Signature

Date

Please, attach extra sheet if necessary to cover the details of the grievance.

The information on this form is collected under Section 33© of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to the Morinville Public Library. If you have any questions, please contact the Information Management/FOIP Coordinator for the Morinville Public Library at 10119 100 Ave, Morinville, Alberta, T8R 1P8 or (780)939-3292