



Grievance Form

Suncor Energy Inc., oilsands

Grievance number _____

Date _____

Employee name: _____

Suncor Employee #: _____

Work area: _____

Shift _____

Classification _____

Date of alleged violation: _____

Supervisor with whom the matter was discussed: _____

Date of discussion with supervisor: _____

Describe the events giving rise to this grievance (see fact sheet) _____

Articles of the Collective Agreement allegedly violated: _____

_____ and any other applicable Article.

Describe how the Articles indicated above support the grievor's claim. _____

Adjustment desired: _____

And any other remedies required to make Griever whole.

Date submitted by Unifor Steward: _____

Employee's signature: _____

Steward's name: _____ Area: _____ Shift: _____

Steward's signature: _____