



## Non-Disciplinary TAPA Grievance Form

**Member Name:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Date of Submission:** \_\_\_\_\_

### Grievance Type

Contract Interpretation    Working Conditions    Safety Issue

Other: \_\_\_\_\_

### Contract Article(s) Alleged Violated

\_\_\_\_\_

### Date(s) of Incident / Violation

\_\_\_\_\_

### Location/Department

\_\_\_\_\_

### Describe the Grievance

What happened, who was involved, and why this is a violation:

Remedy Requested

What outcome or remedy are you seeking:

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Attachments

Contract language    Emails/documents    Witness statements    Safety reports

Other: \_\_\_\_\_

### Signatures

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TAPA Rep / Steward: \_\_\_\_\_ Date Received: \_\_\_\_\_