

## GRIEVANCE RECORD FORM

Grievance Number: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME(S): \_\_\_\_\_ UNIT: \_\_\_\_\_

Date Known: \_\_\_\_\_ Deadline: \_\_\_\_\_ (Art. 20.06)

Relevant Collective Agreement Article(s): \_\_\_\_\_  
\_\_\_\_\_

### STATEMENT OF THE GRIEVANCE

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### RELIEF SOUGHT

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This is to formally request the Memorial University of Newfoundland Faculty Association (MUNFA) to act on my behalf through the MUNFA Academic Freedom and Grievance Committee. I recognize that in handling the grievance, the Committee is free to use my name in discussing the case with the MUNFA Executive Committee and when seeking advice.

\_\_\_\_\_  
Grievant's Signature

\_\_\_\_\_  
AF&G Member's Signature

\_\_\_\_\_  
Date

Grievance Number: \_\_\_\_\_ Name: \_\_\_\_\_

CASE OFFICERS: \_\_\_\_\_

**STEP 1**

Grievance letter date: \_\_\_\_\_ Reply date(s): \_\_\_\_\_

Meeting date: \_\_\_\_\_ Time & Location: \_\_\_\_\_

**PRESENT:** MUNFA: \_\_\_\_\_

MUN: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

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**STEP 2**

Grievance letter date: \_\_\_\_\_ Reply date(s): \_\_\_\_\_

Meeting date: \_\_\_\_\_ Time & Location: \_\_\_\_\_

**PRESENT:** MUNFA: \_\_\_\_\_

MUN: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

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**RECOMMENDATION FOR ARBITRATION:** YES  NO

**REASONS:** \_\_\_\_\_

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\_\_\_\_\_  
AF&G Chair's Signature

\_\_\_\_\_  
Date