

**REQUEST FOR
GRIEVANCE**
(Article 23 – CTF Collective Agreement)

Date:	
Grievor(s):	
Faculty/Department/Program	
Contact Information: (email address and phone number)	
Date upon which the grievor(s) knew of the events giving rise to the grievance:	
Deadline to File: (20 working days after grievor(s) knew of events)	
Grievance:	
Article(s) breached, misinterpreted and/or improperly applied:	
Remedy Sought:	

I understand that, in order to review my application, members of the WLUFA Grievance Committee may have access to any documents deemed necessary for evaluation of the request.

Signature: _____

Name (Print): _____

Office Use:		
WLUFA approved: ☐	WLUFA denied: ☐	Date: _____
Grievance Officer(s) Assigned: _____		Grievance Number: _____