WLUFA
Wilfrid Laurier University Faculty Association

REQUEST FOR
GRIEVANCE
(Article 27 – Full-time 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: _____