



BOW VALLEY COLLEGE FACULTY ASSOCIATION

OFFICIAL GRIEVANCE FORM

LEVEL: _____ REFERENCE NO.: _____

SURNAME: _____ FIRST NAME: _____

DEPT.: _____ OFFICE LOCAL: _____

HOME ADDRESS: _____

RES. PHONE: _____ CELL PHONE: _____

DETAILS OF GRIEVANCE (DATE, TIME, LOCATION, ETC.): _____

REFERENCE SECTIONS OF COLLECTIVE AGREEMENT VIOLATED: _____

CORRECTIVE ACTION REQUESTED: _____

DATE: _____ SIGNATURE OF EMPLOYEE: _____

APPROVAL FOR PRESENTATION OF GRIEVANCE GIVEN BY: _____

AUTHORIZED BOW VALLEY COLLEGE
FACULTY ASSOCIATION REPRESENTATIVE

DATE GRIEVANCE FORM RECEIVED: _____
DESIGNATED GRIEVANCE OFFICER

ATTACHMENTS: _____

- ORIGINAL TO: - Designated Grievance Officer
COPIES TO: - Bow Valley College Faculty Association Office
- Employee
- Bow Valley College Faculty Association Representative
- Human Resources
- Dean Association Representative