



DIVISION USE ONLY / REFERENCE NO.

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## Individual Grievance Presentation

PLEASE NOTE:

The Canadian Nuclear Safety Commission (CNSC) has an Informal Conflict Management System (ICMS) in place. Its existence does not affect an employee's right to file a grievance. However, managers, employees and bargaining representatives are encouraged to use the ICMS when appropriate, at any stage of the grievance process, in an attempt to informally address workplace differences.

### Section A - To be completed by employee

#### A.1 Employee Information

Surname		Given name(s)	
Branch	Directorate	Division	
Position Title	Job Classification	Work Location	
Home Address			
Home Telephone No.	WorkTelephone No.	E-mail Address	
Collective Agreement (if applicable)		Expiry Date	

#### A.2 Grievance Details

Statement of the nature of each act or omission or other matter giving rise to the grievance that establishes the alleged violation or misinterpretation, including a reference to, as the case may be, (i) any relevant provision of a statute or a regulation, or of a direction or other instrument made or issued by the employer, that deals with the terms and conditions of employment and that is relevant, or (ii) any provision of a collective agreement or an arbitral award that is relevant.

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Date on which each act, omission or other matter giving rise to the grievance occurred (YYYY/MM/DD)

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#### A.3 Corrective Action Requested

Grievance Details: Statement of the nature of each act or omission or other matter giving rise to the grievance that establishes the alleged violation or misinterpretation, including, as the case may be, a reference to any relevant provision of a collective agreement or arbitral award.

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#### A.4 Employee Signature

Signature	Date



**Section B - To be completed by bargaining agent representative where applicable****B.1 Representative Information**

Bargaining Agent	Bargaining Unit/Component
Name of Local Bargaining Agent Representative	Telephone No.
Address for Contact	E-mail address

**B.2 Approval for presentation of grievance relating to a collective agreement or an arbitral award, and agreement to represent employee are hereby given**

Signature	Date

**Section C - To be completed by employee where representative is not a representative of a bargaining agent****C.1 Employee Representative information**

Surname	Given name(s)
Telephone No.	E-mail address

**C.2 I agree to act on behalf of the employee**

Signature	Date

**Section D - To be completed by immediate supervisor or employer representative****D.1 Information**

Surname	Given name(s)
Title	Division
Directorate	Telephone No.

**D.2 Signature**

Signature	Date Received

