



## Labour Relations Officer Meeting Request

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

School: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Dean, Coordinator, Supervisor: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_

<b>Date, time and place of event leading to grievance, issue or concern:</b>
<b>Parties involved / People Notified:</b>
<b>Detailed account of occurrence (include names of persons involved, locations, times and dates):</b>
<b>List relevant documentation:</b>
<b>Please state policies, procedures, or guidelines that you feel have been violated:</b>
<b>Departments past practices:</b>
<b>Proposed solution to grievance:</b>

The grievant should retain a copy of this form for his/her records. The signature below indicates that any information on this form is truthful to best of your knowledge.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Received by Date