



**CANADIAN UNION OF POSTAL WORKERS / SYNDICAT DES POSTIERS DU CANADA
THE TORONTO LOCAL / LOCALE DE TORONTO**

FORM TO BE COMPLETED FOR COLLECTIVE GRIEVANCE (ET AL)

****CONFIDENTIAL****

LOCAL: TORONTO 626	NAME OF SHOP STEWARD _____
POSTAL FACILITY _____	
SECTION _____	
SHIFT _____	
START OF INVESTIGATION _____	
END OF INVESTIGATION _____	

We, the undersigned are aware of a grievance investigation form in the name of _____ and agree that a grievance may be submitted in our name. For this reason, we authorize a C.U.P.W Representative to consult our personal file if needed.

NAME	EMPLOYEE ID	SIN NUMBER	TITLE	SIGNATURE
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