NAPE
Newfoundland and Labrador Association of Public and Private Employees

GRIEVANCE FORM

HEAD OFFICE	CENTRAL OFFICE	WESTERN OFFICE	NAPE FILE #
PO Box 8100 St. John's, NL A1B 3M9	PO Box 160 Grand Falls-Windsor, NL A2J 2J4	PO Box 884 Corner Brook, NL A2H 6H6	_____
(P) 709.754.0700 (TF) 1.800.563.4442 (F) 709.754.0726	(P) 709.489.6619 (TF) 1.800.563.1050 (F) 709.489.6657	(P) 709.639.8483 (TF) 1.800.563.9343 (F) 709.639.1079	EMPLOYER FILE # _____

Employee Name (PRINT):		**Date:**	
Classification:		**NAPE Local:**	
Primary Phone:		**Secondary Phone:**	
Email:		**Employer / Worksite:**	
Mailing Address:		**NAPE Membership #**	
Supervisor's Name:		**Supervisor's Phone:**	

Statement of Grievance:
Requested Adjustment:

Employee Signature:		**Date:**	
NAPE Representative (PRINT NAME):			
NAPE Representative (SIGNATURE):		**Date:**	

FIRST REPLY TO GRIEVANCE:		Date reply due:	
Supervisor Signature:		**Date:**	
NAPE Rep. Signature:		**Date:**	

AGREE ☐ DISAGREE – Proceed to Next Level ☐

SECOND REPLY TO GRIEVANCE:		Date reply due:	
Supervisor Signature:		**Date:**	
NAPE Rep. Signature:		**Date:**	

AGREE ☐ DISAGREE – Proceed to Next Level ☐

THIRD REPLY TO GRIEVANCE:		Date reply due:	
Supervisor Signature:		**Date:**	
NAPE Rep. Signature:		**Date:**	

AGREE ☐ DISAGREE – Proceed to Next Level ☐

FINAL RESULT OF GRIEVANCE: Settled ☐ Dropped ☐ Arbitration ☐			
Employee Signature:		**Date:**	
NAPE Rep. Signature:		**Date:**	

SUMMARY OF FINAL DECISION: