Public and Private Workers of Canada Local 15 Box 250, Kimberley, BC, V1A2Y6

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GRIEVANCE FORM

Member Name:		Signature:		
Shop Steward:		Signature:		
Supervisor:		Signature:		
<u>Date:</u>		<u>Department:</u>		
				
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		<u>Grievance</u>		_
		First Stage Answer:		
				