



Public Services Association of Trinidad and Tobago

Grievance Report Form

(For Internal Use Only)

Form 2.1

Rep. No. :.....

Name of Member :.....

Post :.....

Member No :.....

Fin. Status:.....

Sect/Br :.....

Date Employed :.....

Date of Appointment :.....

Work Location :.....

Immediate Supervisor :.....

**Contact :**

Home Address :.....

Phone No.

Work :.....

Home :.....

Cell :.....

Email Address :.....

Notes :.....

**Statement of Grievance**

Nature of Grievance :.....

Short Statement :.....

(Attach Details) :.....

Regulation/Term Violated : No ..... of ..... (Regulations/Agreement)

**Redress Sought:**

Member's Request :.....

Initial Advice :.....

Initial Action :.....

.....

I, ..... authorize the Public Services Association as my Union to act for me in addressing this grievance.

Date :...../...../.....

Signature of Member :.....

Date :...../...../.....

Received by :.....

Assigned to :.....

Date :...../...../.....