



Public Services Association of Trinidad and Tobago

Grievance Report Form
(For Internal Use Only)

Form 2.1

Rep. No.

Name of Member: Post:

Memb. No: Fin. Status..... Sect./Br:

Date Employed: Date of Appointment:

Work Location:

Immediate Supervisor:

Contact:

Home Address:

Tel. No. Work: Home: Other:

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:/...../.....