GRIEVANCE FORM

sda at work with you
THE UNION FOR WORKERS IN RETAIL.FAST FOOD. WAREHOUSING.

To: _____

Position (e.g. Coordinator/Supervisor): _____

From: _____

Position: _____

EBA/Award Clause Reference: _____

Please refer to your Enterprise Agreement or Award for the full Dispute Resolution Procedure.

Outline the grievance, including any specific dates, events and witnesses relevant to the grievance {please attach additional pages if necessary):

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This form should be submitted to the SDA prior to being lodged with your company.
Submit your form by scanning the QR code or by going to: **bit.ly/DelegateFormSubmission**

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Suggested Resolution Sought

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Approximate date resolution sought by:_____

Signed: _____ Date: _____ / _____ / _____

Your coordinator/supervisor or other appropriate nominee will be in contact with you in due time to discuss this further in accordance with the Dispute Settlement Procedure.

This form should be submitted to the SDA prior to being lodged with your company.
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