## Canadian Union of Postal Workers Internal Grievance Investigation Form

Confidential

## FORM TO BE COMPLETED FOR A COLLECTIVE/GROUP GREIVANCE

Local: Windsor				
Postal Installation:	WMPP	Depot		Section
Shift:	Investigatio	on: Start Date:		End Date:
We, the undersigned, are aware of the grievance investigation form in the name and grievance #  to be submitted in our name. For this reason, We authorize a CUPW representative				
to consult our personal file, if need be.				
Name (print only pleas	se)	Employee Number	Job Title	Signature