

PUBLIC SERVICE UNION OF BELIZE
GRIEVANCE FORM

Complete Five Copies to be distributed as follows:

- | | | |
|-------------------|-----------------------|-----------------------|
| (i) Management | (ii) Aggrieved Worker | (iii) Liaison Officer |
| (iv) Headquarters | (v) Branch Committee | |

Ministry/Department:

Workers' Name: Branch: SocSec. No.

Occupation: Section:

Supervisor:

Date Grievance Originated:

Details of Grievance (use extra sheet if needed):

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Settlement Required:

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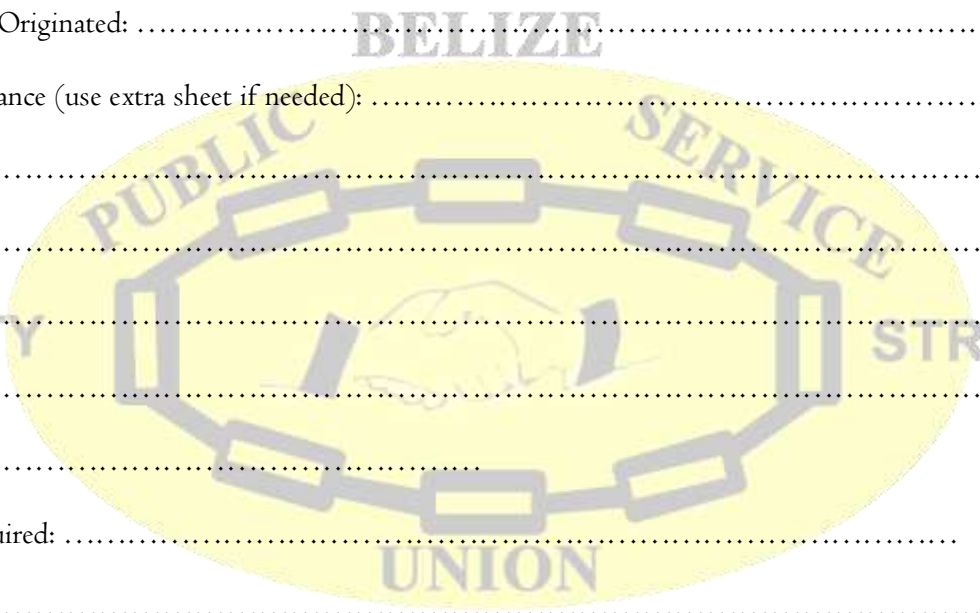
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Signature of Worker:

Date:

DISPOSITION OF GRIEVANCE

(a) Action taken by Liaison Officer:

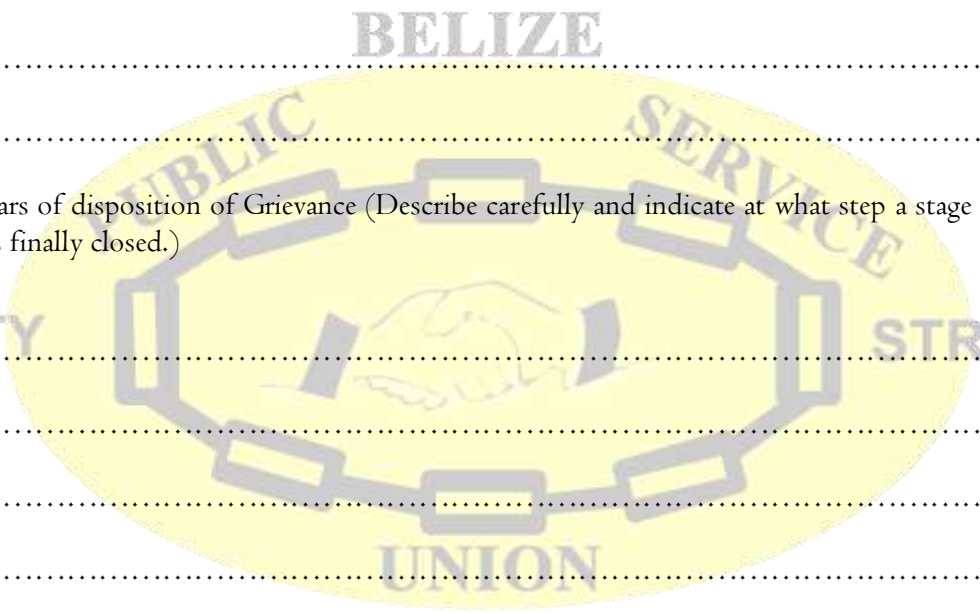
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(b) Action taken by Branch Committee of Management:

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(c) Particulars of disposition of Grievance (Describe carefully and indicate at what step a stage of grievance machinery case was finally closed.)

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Date of Settlement:

In favour of worker:
Yes No

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Signature of Liaison Officer or
Other Union Officer

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Date