



The New Brunswick Electric Power Commission

Form 337

Grievance Procedure

Name of Aggrieved Employee:

Address of Aggrieved Employee:

Classification Title:

Date of Grievance:

Division:

Level of Grievance: 1 2 3 (Circle appropriate level of grievance)

Description of grievance:

Steps taken by Aggrieved Employee for Adjustment of Grievance:

Corrective Action suggested by Aggrieved Employee:

Signature of Aggrieved Employee

Date

**Signature of Immediate Supervisor of
Aggrieved Employee**

Date

Signature of Receipt by Official at Level of Grievance

Date

Circle appropriate level of grievance: 1 2 3

Form 337

Reply by Official at Level of Grievance

1 2 3
Circle appropriate level of grievance

Signature of Official at Level of Grievance

Date

Circle appropriate level of grievance

1 2 3