



**APPENDIX "A"**

**GRIEVANCE INFORMATION FORM  
(ARTICLE 7)**

**Date :** \_\_\_\_\_

**Name of Officer \*** : \_\_\_\_\_

**Department/ Branch** : \_\_\_\_\_

**Nature of Complaint / Grievance :**

(Explain in detail the nature of complaint / grievance with reference to the specific provisions of the Agreement where applicable)

\_\_\_\_\_  
**(Office's Signature)**

\_\_\_\_\_  
**Union Representative's Signature**  
**(Name \*)** \_\_\_\_\_

Acknowledgement by Head of Department

\_\_\_\_\_  
**(Signature)**

**Name \*** \_\_\_\_\_

**Date** \_\_\_\_\_

**(\* In Block Letters)**