

# ST.LUCIA CIVIL SERVICE ASSOCIATION

## GRIEVANCE FORM

1. **NAME OF MEMBER(S) INVOLVED:** .....
2. **MINISTRY/DEPARTMENT/BRANCH:** .....
3. **NATURE OF GRIEVANCE:** .....  
.....  
.....  
.....
4. **TIME, PLACE AND DATE OCCURED:** .....
5. **SECTION OF THE COLLECTIVE AGREEMENT/LAW VIOLATED:** .....
6. **SETTLEMENT REQUIRED:** .....  
.....  
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7. **ACTION TAKEN:** .....
8. **ANY FURTHER ACTION NECESSARY:** .....  
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MEMBERS SIGNATURE

CSA OFFICIAL