



Delta Teachers' Association

110 – 4977 Trenant Street, Delta, British Columbia, Canada V4K 2K5

STEP ONE REPORT

To be filled out by Staff Representative and Grievor

Please fill out together and submit to local office immediately after the Step One Meeting.

GRIEVOR: _____
STAFF REP: _____
WORKSITE: _____
ASSIGNMENT: _____

NATURE OF GRIEVANCE: (state the problem and as many details as possible – who, when, where, what, why etc.)

Collective Agreement article(s) you believe may be violated: _____

Step One Meeting Date: _____

In Attendance: _____

Resolved

Yes

No

If “**Yes**”, state the resolutions if “**No**”, provide the employer’s position and provide notes of the meeting.

Photocopies to

- DTA/Staff Rep./Grievor

Grievance/Step One Report Form

A Union of Professionals

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