



# UNION EXECUTIVE CIMB BANK

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)