

CAWS

Canadian Association of Wholesale Sales Representatives
Association canadienne des représentants de ventes en gros

GRIEVANCE FORM

1. Name of Member: _____

Agency Name: _____

Address: _____

_____ Postal Code: _____

Bus. Tel : (_____) _____ Email _____ FAX: _____

2. Name of Manufacturer or Importer: _____

Name of Principal: _____

Address: _____

_____ Postal Code: _____

Tel : (_____) _____ FAX: _____ Email: _____

3. Do you have a contract with this manufacturer? () YES () NO

Did you file a copy with the CAWS Office? () YES () NO

If no, please attach a copy to this grievance form.

4. Facts of Dispute (please give a short summary of the issues): _____

5. Have you spoken to the principal about this dispute? () YES () NO

If Yes, please describe results of discussion: _____

6. What resolution to this dispute would you propose?

MEMBER'S SIGNATURE

DATE

This completed form will serve as the basis of our investigation on your behalf. We may need to contact you for further details and we will keep you advised of our progress. Please forward this form to:

Paul Reynard
CAWS Executive Director
1725 Avenue Road
Box70003
Toronto, Ontario M5M0A0
Email: info@caws.ca

FAX: (416) 782-5876