

# 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  
1771 Avenue Road  
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Toronto, Ontario  
M5M 4N5  
Email: [info@caws.ca](mailto:info@caws.ca)  
**FAX:** (416) 782-5876