



# GRIEVANCE WITHDRAWAL FORM

OPSEU FILE # (if known) : \_\_\_\_\_

DATE (date on grievance form) : \_\_\_\_\_

TO: ONTARIO PUBLIC SERVICE EMPLOYEES UNION

FROM: \_\_\_\_\_ (Name and Local #)  
please print

I wish to withdraw my grievance against my Employer,

\_\_\_\_\_

dated \_\_\_\_\_ and hereby instruct the Ontario Public Service Employees Union to  
take no further action into this matter

Signature: \_\_\_\_\_

Contact phone # \_\_\_\_\_