



GRIEVANCE FORM

OPSEU#

(ASSIGNED AT ARBITRATION)

TYPE OR PRINT LEGIBLY IN BLACK INK AND MAKE THREE (3) COPIES

LAST NAME _____ FIRST NAME _____ MEMBERSHIP # _____

ADDRESS/ STREET _____ OPSEU LOCAL NO. _____

TOWN/ CITY _____ POSTAL CODE _____ REGIONAL OFFICE FILE # _____ - -

HOME TEL: () _____ BUS TEL: () _____ EXT. _____

CLASSIFICATION/ CLASS TITLE _____ DATE OF HIRE _____

POSITION TITLE _____ SECTION OR DEPARTMENT _____

EMPLOYED BY MINISTRY/COLLEGE/BPS _____ SECTOR _____

WORK LOCATION _____

TOWN/ CITY _____ POSTAL CODE _____

STATEMENT OF GRIEVANCE

SETTLEMENT DESIRED

SIGNATURE OF GRIEVOR _____ DATE _____

NAME /SIGNATURE OF STEWARD _____ TEL: () _____

NAME /SIGNATURE OF LOCAL PRESIDENT _____ TEL: () _____

MANAGEMENT/ OFFICIAL _____ TEL: () _____ FAX: () _____

POSITION _____

100 LESMILL ROAD TORONTO, ONT M3B 3P8 TELEPHONE (416) 443-8888 TOLL FREE 1-800-268-7376 TDD 1-800-663-1070 or (416) 443-9898

- Original - MANAGEMENT
- Copy 1 - STEWARD
- Copy 2 - REGIONAL OFFICE
- Copy 3 - GRIEVOR