

GRIEVANCE FORM GUIDELINES

Before you complete this form, have you done the following:

1. Got all the facts?
2. Consulted with your steward?
3. Checked the Collective Agreement for grievance procedure to ensure compliance with time limits?
4. Has this first been raised with the supervisor as a complaint?
5. You are now ready to proceed.
6. Complete in full aspects of the grievance form.
7. Process appropriate copies as directed on the bottom of the form.
8. Should there be any changes in information - i.e. address, telephone, etc. subsequent to initiating the grievance, please notify your regional office.
9. Please ensure that all relevant documents are forwarded to your representative. Include the who, what, where, when)



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