OPSEU SEFPO

GRIEVANCE FORM

OPSEU#

(ASSIGNED AT ARBITRATION)

PRESS FIRMLY WITH A BALLPOINT PEN. YOU ARE MAKING 5 COPIES.

LAST NAME | FIRST NAME | MEMBERSHIP #

ADDRESS/ STREET | OPSEU LOCAL NO.

TOWN/ CITY | POSTAL CODE | R.O.F. # - -

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: ( )

I HEREBY SUBMIT THE ABOVE GRIEVANCE TO : (PLEASE PRINT)

MANAGEMENT/ OFFICIAL | TEL: ( ) POSITION | FAX: ( )

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

WHITE – MANAGEMENT | GREEN – STEWARD | CANARY – REGIONAL OFFICE