

OPSEU GRIEVANCE FORM PRINTED FROM WEB SITE

OPSEU#

(ASSIGNED AT ARBITRATION)

LAST NAME		FIRST NAME		MEMBERSHIP #	
ADDRESS/ STREET			OPSELL		
OWN/		POSTAL CODE	REGIONAL OFFICE FILE	#	
HOME EL: ()		DLIC		EXT	
CLASSIFICATION/ CLASSTITLE					
OSITIONTITLE		SECTIONOR			
MPLOYEDBY IINISTRY/COLLEGE/BPS					
ORKLOCATION					
OWN/		POSTAL CODE			
ETTLEMENT DESIRED					
IGNATURE F GRIEVOR			DATE		
AME /SIGNATURE OF TEWARD			TEL: ()	
AME /SIGNATURE OF OCAL PRESIDENT			TEL: ()	
IANAGEMENT/ FFICIAL		TEL: ()	_FAX: ()	
OO LESMILL ROAD ORONTO, ONT M3B 3P8	TELEPHONE (416) 443-8888	TOLL FREE 1-800-268-7376	TDI or	O 1-800-663-1070 (416) 443-9898	

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.