



GRIEVANCE FORM

PRINTED FROM WEB SITE

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/ CLASSTITLE _____ DATE OF HIRE _____
 POSITION/TITLE _____ SECTION OR DEPARTMENT _____
 EMPLOYED BY MINISTRY/COLLEGE/BPS London Health Sciences Centre 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 **Steve McCaw** TEL: (519)685-8500 ex 55384

MANAGEMENT/ OFFICIAL _____ POSITION _____ TEL: _____ FAX: () _____
 100 LESMILL ROAD TELEPHONE TOLL FREE TDD 1-800-663-1070
 TORONTO, ONT M3B 3P8 (416) 443-8888 1-800-268-7376 or (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.