



Grievance Form

Last name: _____ First name: _____ Member #: _____
 Address/Street: _____ OPSEU local _____
 Town/City: _____ Postal code: _____
 Regional Office file #: _____
 Home tel: _____ Business tel: _____ Extension: _____
 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 grievor _____ Date: (mm/dd/yyyy) _____
 Signature steward _____ Tel: _____
 Signature local president _____ Tel: _____

Telephone: _____ Fax: _____

Management/Official: _____ Position: _____

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

- Original - Management Copy 1 - Steward
 Copy 2 - Regional Office (if applicable) Copy 3 - Grievor

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.