



CANADIAN UNION OF PUBLIC EMPLOYEES

GRIEVANCE FORM

(To be completed in triplicate)

Case No. _____ Local No. _____

Employer _____

Employee _____

Department _____ Classification _____

Supervisor _____ Employee # _____

Seniority date _____

TO: _____ Phone # _____ (H) _____ (W) _____

Grievance Level 1 2 3 Other Address _____

I/We the undersigned claim that _____

Therefore I/We request that _____

Signature of employee(s) and/or union officer _____

Grievor _____ Date _____

Union Officer _____ Date _____

