



GRIEVANCE FORM

CANADIAN UNION OF PUBLIC EMPLOYEES

Case No: _____ Local No: _____
 Employer: _____
 Employee: _____
 Department _____ Classification _____
 Supervisor _____ Employee #: _____
TO: _____ Seniority Date _____
 Telephone H _____ W _____
 Address _____
 Grievance Level: 1 2 3 Other

I/We the undersigned claim that _____

Therefore I/We request that _____

Signature of employee(s) and or union officer _____
 Grievor _____ Date _____
 Union Officer _____ Date _____

