



# Grievance Form

OPSEU/SEFPO Grievance Number:  
(Staff Use Only)

### Grievor Contact Information:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Local: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Email: \_\_\_\_\_ Member number: \_\_\_\_\_  
Phone number: \_\_\_\_\_  Check here if we can leave a confidential voicemail at this number.

### Work Information:

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Work location: \_\_\_\_\_  
Are you employed by: (check only one)  LCBO  OPS  BPS  CAAT

What is your employment status (at the time you grieved): \_\_\_\_\_  
i.e. casual, full time, fixed term, part time, partial load, sessional, probationary

### Grievance Information:

**Statement of Grievance:**  
Provide a brief statement of the grievance here. When providing the Articles violated provide the Article number and title where possible.

**Settlement Desired:**

### Signing and Filing:

Signature of grievor: \_\_\_\_\_ Date: (mm/dd/yyyy) \_\_\_\_\_  
This field is mandatory

Name of local representative: \_\_\_\_\_

Signature of the local representative: Please ensure that the correct representative is signing, as per your Collective Agreement. This field is mandatory. \_\_\_\_\_

Management representative: \_\_\_\_\_ Position: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### Provide Copies to:

Management (when filing the grievance)  Local representative (if applicable)  Grievor

**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 the procedure and with the time limits?
4. Has this first been raised with the supervisor as a complaint? (if the Collective Agreement requires this)

**You are now ready to proceed:**

1. Complete the full grievance form.
2. Provide copies as directed on the bottom of the form.
3. Should there be any changes in information - i.e. address, telephone, etc. subsequent to initiating the grievance, please notify your regional office.
4. Please ensure that all relevant documents are prepared and can be forwarded to your representative.

**When the Grievance Procedure is completed:**

1. Have you consulted with your local representative on when and how the Grievance should be referred to arbitration?
2. To provide OPSEU/SEFPO with the referral or the notice of referral your local representative may send it to:
  - OPS and CAAT: [grievances@opseu.org](mailto:grievances@opseu.org)
  - BPS: please consult with your local or staff representative
3. If you are eager to get started on preparation please consult the Inventory for Building a Strong Grievance at <https://opseu.org/information/10-keys-for-building-a-strong-grievance/209852/>