



Ontario Public Service Staff Union **GRIEVANCE FORM**

NAME:	
ADDRESS:	
HOME TEL: ()	BUS TEL: ()
CLASSIFICATION:	DATE OF HIRE:
SECTION/DEPARTMENT:	
STATEMENT OF GRIEVANCE:	
SETTLEMENT REQUIRED:	
SIGNATURE OF GRIEVOR:	DATE OF GRIEVANCE:
DISTRIBUTION: Original to: Management :	
Copies to: Grievor	
Steward:	
Chief Steward: Tim Mulhall	
2 nd Vice President: Mirla Alvarado	
Secretary: Gwen Merritt	
OPSEU Employee Relations Administrative Assistant: Lisa Kesper	
DATE OF STEP I MEETING:	