



TORONTO CIVIC EMPLOYEES' UNION - LOCAL 416, C.U.P.E. GRIEVANCE FORM

CUPE Rep. _____ Chief of Stewards _____

OFFICE USE ONLY

DATE RECEIVED: _____ STEP: _____ OFFICE FILE NO. _____

Name: _____ Employee No: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

_____ Other No: _____

Unit: _____ (Division) Location: _____ (District/Address)

Supervisor: _____ Classification: _____

Unit Chair: _____ Shop Steward: _____

Submitted By: _____ Phone No: _____

Grievance: _____

Redress Sought: _____

Signature of Employee: _____ Date: _____

LOCAL 416 GRIEVANCE FACT SHEET

NAME: _____ SENIORITY DATE: _____

CLASSIFICATION: _____ DEPARTMENT: _____

EMPLOYMENT STATUS:

PERMANENT TEMPORARY PROBATIONARY OTHER

SHOP STEWARD: _____ PHONE No. _____

DISCIPLINARY RECORD:

DATES

REASONS

CONTACT REPORTS: _____

SUSPENSIONS: _____

TERMINATION: _____

ANY RELATED INFORMATION:

NAME

PHONE NO.

SUPERVISOR: _____

ANY OTHER MEMBERS OF MANAGEMENT INVOLVED? YES NO

IF YES, PLEASE PROVIDE NAMES AND TELEPHONE NUMBERS:

① NAME: _____ PHONE #: _____

② NAME: _____ PHONE #: _____

WHAT HAPPENED? WHAT IS THE GRIEVANCE ABOUT? (BE SURE TO INCLUDE ALL IMPORTANT "SPECIFIC" POINTS)

WHEN DID THE GRIEVANCE OCCUR? (INDICATE DATE AND TIME GRIEVANCE BEGAN? HOW OFTEN? FOR HOW LONG IS IT WITHIN THE TIME LIMITS TO PROCEED)

WHERE DID THE GRIEVANCE OCCUR? (I.E. EXACT LOCATION: DEPARTMENT, DIVISION, ETC., INCLUDE SKETCH OR PHOTO IF POSSIBLE)
