CUPE·SCFP 5167

PROUDLY SERVING THE COMMUNITY SINCE 1918

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Grievance Fact Sheet
[For Local Use Only]

Grievor's Name:_____ Employee #._____ Seniority:_____

Department:_____ Section:_____ Job Title:_____

Home Address:_____ City:_____ Postal Code:_____

Home Phone: _____ Work Phone:_____ E-mail:_____

Grievance Details – Who? What? Where? When? (Additional pages may be used)

Witness Names

Want? (What are you looking to get out of filing the grievance?)

This Section to be filled out if this is a Competition Grievance:

CALL Number:_____

Please include the following:

1. A copy of the **Posting you applied for,**
2. A copy of your **Resume**.

_____

Grievor's Signature/Date