



# COMPLAINT FORM STEP ONE

Complaint Number: \_\_\_\_\_ Employer: \_\_\_\_\_ Region of Waterloo  
Member: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

To: \_\_\_\_\_  
Labour Relations Advisor  
\_\_\_\_\_

I/we have the following complaint and/or violation of the Collective Agreement, including but not limited to Articles 3, 6, \_\_\_\_\_, and any other applicable articles, acts and/or legislation that I would like to discuss with you:

As per Article 12.01, I/we would welcome the opportunity to meet within five (5) days of receipt of the complaint to discuss and would like to request Union representation be present at the meeting.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
CUPE Local 1883 Authorized Signature

Dated at the Region of Waterloo, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Filed:  Electronically  In person  By fax

MAKE THREE COPIES OF FORM AND FORWARD ORIGINAL TO THE UNION OFFICE.  
DISTRIBUTION OF COPIES: (1) TO LABOUR RELATIONS, (1) TO UNION REPRESENTATIVE, (1) TO MEMBER.