



# GRIEVANCE FORM STEP TWO

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

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

I/we the undersigned, claim that the employer has violated the collective agreement, including but not limited to Articles 3, 6, \_\_\_\_\_, and any other applicable articles, acts and/or legislation

Therefore, I/we request full redress including, but not limited to:

- That the violation be immediately declared;
- That the employer immediately cease and desist from the activity(ies) listed above;

and; Any damages and redress deemed appropriate by a mediator, sole arbitrator or board of arbitrators.

The information above has been provided to the Union in confidence and is submitted to the Employer. Per Article 12.01 of the Collective Agreement, we are requesting a meeting be held by \_\_\_\_\_, which is fifteen (15) working days from the date of the receipt of this grievance.

\_\_\_\_\_  
 Signature of Grievor

\_\_\_\_\_  
 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 GRIEVOR.**