



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
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Dated at the Region of Waterloo, this _____ day of _____, 20_____.

Filed: ☐ Electronically ☐ In person

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.

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