



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

**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.**

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