

# Canadian Office & Professional Employees Union

## GRIEVANCE FORM

**CASE NO.:** \_\_\_\_\_ **COPE LOCAL:** \_\_\_\_\_

Employer:

\_\_\_\_\_

Employee:

\_\_\_\_\_

Department:

\_\_\_\_\_

Classification:

\_\_\_\_\_

Supervisor:

\_\_\_\_\_

I/We the undersigned claim that:

\_\_\_\_\_

\_\_\_\_\_

Therefore I/We request that:

\_\_\_\_\_

\_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Union Representative: \_\_\_\_\_

Date: \_\_\_\_\_