



CUPE LOCAL 454 DELTA PUBLIC EMPLOYEES

#360 – 6165 Highway 17, Delta BC V4K 5B8 Phone: 604-943-4526 Fax: 604-943-4523 Email: cupelocal454@dccnet.com

GRIEVANCE FACT SHEET

(For Office Use Only)

Grievor's Name: _____ Employer: _____
Job Title: _____ Department: _____
Phone #: _____ Manager involved: _____
Email: _____

Grievance Details – Who? What? Where? When? (Use additional pages if necessary)

Witness Names

Want? (What result are you looking to get by filing this grievance?)

To be filled out if it is a posting/promotional grievance:

Posting #: _____ (Please attach a copy of the job posting AND your application form)

Seniority Date: _____

_____ Grievor's Signature

_____ Job Steward Signature

_____ Date

Please complete this form and fax/email it to the union office. Each grievance shall be filed from the union office, and all grievances are "owned" by CUPE Local 454. As per the Collective Agreements, all grievances must be filed within 30 days of the incident.

