



COPE Local 378 Issue Form

(Please Print)

Once signed and/or submitted to the Union, this grievance becomes the property of the Union and subject to internal Union procedures regarding advancement to Arbitration or settlement. **Please fill out the form as fully as possible and include all documents that relate to the grievance and forward to the Union Office.** Upon receipt, the Union will acknowledge with a grievance file number.

Grievor's name(s) add more information on the reverse if this is a group grievance.		Phone numbers and e-mail address
Grievor's mailing address and Postal Code		
Work Location and Bargaining Unit (Employer's Name)		
Job Steward or Union Officer name	Phone numbers and e-mail address	**File No. (from Union Office to validate)
Details of the Grievance and Collective Agreement Articles Breached (if applicable and if known at this time) Describe the Issue generally and do not worry about technicalities. The Union Office may add to your submission at a later date.		
Remedy Sought (describe what you think would be a fair resolution to the Grievance). May be altered by the Union at a later date if necessary.		
Date submitted to Employer	Member's Signature	Job Steward's Signature

**** Please note: File No. must be issued from COPE Local 378 Union Office to validate grievance form**