



Canadian Union of Public Employees

## POLICY GRIEVANCE FORM – LOCAL 391

**Employer:**  
**Grievance #**

**Grievance Step :**

- 2 – Director of Human Resources
- 3 – City Librarian
- 4 – Board

**Re:**

**I/we the undersigned claim that:**

**Therefore I/we request that:**

**Union representative's signature:** \_\_\_\_\_

**Date:**

**Union contact information:**

Name:

Name:

Home :

Home:

Work telephone:

Work Telephone:

Cell:

Cell:

E-mail:

E-mail:

Copies: Chair: CUPE Local Grievance Committee  
CUPE National Representative  
Director of Human Resources