OPSEU Local 685

Notification of Complaint

Member's Name:		
>>>>	Full Time Member:	Part Time Member:
ership #:	Home Telephone:	
Describe the Complaint including Articles Violated if Known:		
ne Aware of	f the Violation:	
<u>red</u> :		
Complainant's Name & Date:		
керresenta	tive:	
int Meeting	:	
int Respons	se Received from Employer	:
	>>>> ership #: mplaint income Aware of red: Name & Dat Representa	>>>> Full Time Member: ership #: Home Telephone: mplaint including Articles Violated if Notes that the Aware of the Violation: red:

Internal Note: This completed complaint form should accompany any grievance form submitted to the OPSEU Office.