



APPENDIX "B"  
**OPS ARBITRATION REFERRAL FORM**

**TO:** ADMINISTRATIVE ASSISTANT  
GRIEVANCE DEPARTMENT

FILE TO ARBITRATION

**FROM:** \_\_\_\_\_  
Please print name  
(President/Vice-President/Steward)

WITHDRAWN/SETTLED  
(COPY ATTACHED)

ADDITIONAL INFO  
(OPSEU Ref.# \_\_\_\_\_ )

**DATE:** \_\_\_\_\_

PREVIOUSLY FAXED

<b>GRIEVOR NAME: (Please print)</b>		<b>LOCAL:</b>
<b>GRIEVOR HOME ADDRESS:</b>	<b>GRIEVOR WORK ADDRESS:</b>	
<b>GRIEVOR HOME TEL. #:</b>	<b>GRIEVOR WORK TELEPHONE #:</b>	
<b>GRIEVOR CELL PHONE #:</b>	<b>OTHER TELEPHONE #:</b>	
<b>MINISTRY:</b>		
<b>ISSUE OF GRIEVANCE(S):</b> (Refer to Issue Sheet Attached)		
<b>DATE OF GRIEVANCE:</b>		
<b>NAME OF OPSEU STAFF REPRESENTATIVE:</b>	<b>LOCATION OF REGIONAL OFFICE:</b>	

**GRIEVANCES SUBMITTED BY:**

**LOCAL PRESIDENT**

**- OR -**

**STEWARD**

\_\_\_\_\_  
(Please sign)

\_\_\_\_\_  
(Please sign)

\_\_\_\_\_  
(Telephone Numbers)

\_\_\_\_\_  
(Telephone Numbers)