

LOCAL13000 • CWA • AFL-CIO
GRIEVANCE FORM and SUMMARY SHEET

<u>UNIT</u>	<u>BRANCH</u>	<u>REGION</u>	<u>GRIEVANCE NUMBER</u>
<u>GRIEVANT'S NAME</u>			<u>TYPE OF GRIEVANCE</u>
<u>GRIEVANT'S TITLE</u>			<u>DATE GRIEVANCE WAS FILED</u>
<u>TIME IN TITLE</u>			<u>DATE OF INCIDENT</u>
<u>BENEFIT DATE</u>			<u>LOCATION OF INCIDENT</u>
<u>PREVIOUS TITLES</u>			<u>FOREMAN'S NAME:</u>
			<u>FOREMAN'S PHONE #:</u>
<u>WORK #</u>			IS A LOCAL AGREEMENT INVOLVED? yes ____ no ____
<u>PERSONAL #</u>			IF YES PLEASE ATTACH.

DESCRIPTION OF GRIEVANCE

COMPANY POSITION 1ST STEP

DATE

COMPANY POSITION 2ND STEP

DATE

COMPANY POSITION 3RD STEP

DATE

COMPANY POSITION 4TH STEP

DATE

UNION POSITION/VIOLATION

1ST STEP REPRESENTATIVE'S NAME PHONE#

2ND STEP UNIT PRESIDENT'S NAME PHONE#

3RD STEP REGIONAL VICE PRESIDENT'S NAME

DISPOSITION OF GRIEVANCE

NOTE: The information on both sides of this form is vital. If not completed at each step, the grievance shall not be processed to the next level.

