LOCAL13000 • CWA • AFL-CIOGRIEVANCE FORM and SUMMARY SHEET

UNIT BRANCH REGION	GRIEVANCE NUMBER
GRIEVANT'S NAME	TYPE OF GRIEVANCE
GRIEVANT'S TITLE	DATE GRIEVANCE WAS FILED
TIME IN TITLE	DATE OF INCIDENT
BENEFIT DATE	LOCATION OF INCIDENT
PREVIOUS TITLES	FOREMAN'S NAME:
	FOREMAN'S PHONE #:
WORK#	IS A LOCAL AGREEMENT INVOLVED? yes no
PERSONAL #	IF YES PLEASE ATTACH.
DESCRIPTION OF GRIEVANCE	
COMPANY POSITION 1 ST STEP	
	DATE
COMPANY POSITION 2 ND STEP	
	DATE
COMPANY POSITION 3RD STEP	
	DATE
COMPANY POSITION 4 TH STEP	
	DATE
UNION POSITION/VIOLATION	
1 ST STEP REPRESENTATIVE'S NAME	PHONE#
2 ND STEP UNIT PRESIDENT'S NAME	PHONE#
3 RD 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.

GRIEVANT'S STATEMENT	
FACTS	
REMEDY SOUGHT	
ATTACHMENTS	
ATTAGEMENTO	
I hereby give consent to the inspection by a conditions of my employment. This authorize	any authorized Union Representative of any records kept by the company which may affect the zation is given in accordance with the existing agreement between the Union and the Company.
DATE:	SIGNED: