

COMMUNICATIONS WORKERS OF AMERICA, AFL-CIO
LOCAL 1400 GRIEVANCE RECORD

COMPANY _____ GRIEVANCE NUMBER _____
INCIDENT DATE _____ GRIEVANCE DATE ____ / ____ / ____
GRIEVANCE NAME _____ SOC. SEC. NUMBER _____
DEPARTMENT _____ JOB TITLE _____
SENIORITY DATE ____ / ____ / ____ RATE OF PAY _____
WORK LOCATION _____ CITY & STATE _____
HOME PHONE _____ JOB PHONE _____
STEWARD _____ JOB PHONE _____
CONTRACT ARTICLE (S) _____ UNFAIR TREATMENT: YES ___ NO ___
ISSUED GRIEVED _____

REMEDY SOUGHT _____

STEP 1 MEETING REQUESTED ____ / ____ / ____ MEETING HELD ____ / ____ / ____
PRESENT: UNION _____ COMPANY _____

COMPANY RESPONSES: ____ / ____ / ____

STEP 2 MEETING REQUESTED ____ / ____ / ____ MEETING HELD ____ / ____ / ____
PRESENT: UNION _____ COMPANY _____

COMPANY RESONSES: ____ / ____ / ____

STEP 3 STAFF ____ / ____ / ____ MTG REQ'D ____ / ____ / ____ MTG HELD ____ / ____ / ____
PRESENT: UNION _____ COMPANY _____

COMPANY RESPONSES: ____ / ____ / ____

RECOMMENDED FOR ARBITRATION YES ___ NO ___ REASON _____

FINAL DISPOSITION _____

