



Communication Workers Of America

2 West Potomac Parkway
Williamsport, MD 21795

Grievance Form

LOCAL _____ BUILDING LOCATION: _____

STEWARD: _____

1. WHO HAS GRIEVANCE ?

NAME: _____ DEPT.: _____

JOB CLASS & TITLE: _____

SENIORITY: _____ N.C.S.: _____

UNION GRIEVANCE # _____ CO.GRIEVANCE # _____

2. WHERE DID IT HAPPEN ?

LOCATION: _____

3. WHEN DID IT HAPPEN ?

TIME: _____ DATE: _____ SHIFT: _____

4. WHAT HAPPENED ? DESCRIBE EVENTS INCLUDING:

MEMBERS STORY AND EXPLANATION: _____

MANAGEMENT POSITION: _____

WITNESSES & THEIR STORIES: _____

BACKGROUND INFORMATION, SUCH AS PREVIOUS ACCUSATIONS, REPRIMANDS AND EVENTS THAT RELATE TO THIS PROBLEM: _____

5. WHY IS A GRIEVANCE?

VIOLATION OF CONTRACT CLAUSE(S)

ARTICLE: _____ SECTION: _____

PAST PRACTICE (DESCRIBE FULLY): _____

UNFAIR TREATMENT (ATTACH PAPER WITH DETAILED DESCRIPTION OF EVIDENCE):

6. REMEDY

(WHAT SHOULD THE MANAGEMENT DO SO THE MEMBER DOES NOT LOSE RIGHTS OR BENEFITS)

7. SUPERVISOR'S ANSWER

SUPERVISOR'S NAME: _____ DATE: _____
DEPT.: _____

DURING GRIEVANCE MEETING MANAGEMENT: (CHECK ONE)

AGREED WITH UNION POSITION
(DESCRIBE WHAT THE SUPERVISOR DID TO CORRECT THE SITUATION)

REFUSED TO ACCEPT UNION POSITION: _____ DATE: _____
CHECK ONE:

GRIEVANCE CLOSED

GRIEVANCE REFERRED TO: (LOCAL PRES.) _____ DATE: _____

DESCRIBE COMPANY'S ANSWER COMPLETELY: _____

MANAGEMENT PERSON TO WHOM GRIEVANCE SHOULD BE APPEALED:

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NAME AND WORK LOCATION OF STEWARD HANDLING GRIEVANCE:

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____