

COMMUNICATION WORKERS OF AMERICA, AFL-CIO

LOCAL 1400 GRIEVANCE RECORD

COMPANY _____ GRIEVANCE NUMBER _____
INCIDENT DATE ___/___/___ GRIEVANCE HEARD DATE: ___/___/___

GREIVANT NAME _____ WORK LOCATION _____
JOB TITLE _____ SENIORITY DATE ___/___/___
RATE OF PAY _____ STEWARD _____
HOME PHONE _____ CELL PHONE _____
HOME EMAIL ADDRESS _____
HOME ADDRESS _____

ISSUE GRIEVED _____
REMEDY SOUGHT _____

STEP 1 MEETING REQUESTED ___/___/___ MEETING HELD ___/___/___
PRESENT: UNION _____ COMPANY _____
COMPANY RESPONSE: ___/___/___ _____

STEP 2 MEETING REQUESTED ___/___/___ MEETING HELD ___/___/___
PRESENT: UNION _____ COMPANY _____
COMPANY RESPONSE: ___/___/___ _____

STEP 3 MEETING REQUESTED ___/___/___ MEETING HELD ___/___/___
PRESENT: UNION _____ COMPANY _____
COMPANY RESPONSE: ___/___/___ _____

RECOMMEND FOR ARBITRATION YES ___ NO ___ REASON _____
FINAL DISPOSITION _____