Communications Workers of America
Local 3672
Grievance

Grievant Name_____ Today's Date_____
Department_____ District_____
Job Title_____ Seniority Date_____

Date of Occurrence or Knowledge of
Occurrence_____
_____
Exact Nature of Grievance_____
_____
_____
_____

General

Specific Articles Challenged_____
and any other applicable section the true intent and meaning and the failure of the company to exercise its obligations thereunder_____
Remedy Sought_____
_____
_____
_____

Grievant's_____ Steward's_____
Signature _____ Signature_____

First Step

First Step Meeting _____/_____ /_____
Date
Grievant Present_____ Steward, If Present_____
Company Representative(s)
Present_____

Company's Response Given_____/_____/_____
Date

Appeal

Appeal of Company's
First Step Response_____/_____/_____
Date

Appeal Received by
Company Representative_____ /_____ /_____
Date

Second Step

Second Step Meeting_____ /_____ /_____
Date
Grievant Present_____ Steward Present_____
Company Representative(s)
Present_____ Others Present_____
Company Response (to be written by company)_____
_____
_____
Company Representative's Signature_____
Company Response Date_____/_____ /_____
Date

Response Received_____ /_____ /_____
Date

Distribution: One copy to supervision for Company's response
Signed copies to Union President and CWA Staff Representative