

CWA LOCAL 1000 GRIEVANCE FORM
118 South Avenue. East, Cranford, New Jersey 07016

(PLEASE USE INK ONLY)

Local Grievance Log # _____ Computer # _____ Category # _____

Name of Grievant (s) _____ **F/T** _____ **P/T** _____

Mailing Address _____

NCS _____ Rate of Pay _____ Home/CBR Tel. No. _____

Date incident first/last occurred _____ Company _____

Steward _____ Chief Steward _____

VP Area _____ Office _____ Department _____

Line of Business /Director _____

Describe What Happened, When, How, Where, Why, Witness to action _____

Violation of contract, City, State, or Federal Law _____

What company policy or practice applies _____

What settlement is expected _____

Date, Name, and Title of management person notified _____

Discussion prior to formal grievance YES _____ NO _____ (Attach Notes)

Date of First Level meeting* _____

Union Reprs _____ Company Reprs _____

Date Answer from First Level* (attach Notes) _____

Company Position _____

_____ Closed - YES _____ NO _____

Date referred / Chief Steward _____ Mailed Notes _____

Date Appealed to Second Level _____ Date of Second Level Meeting _____

Union Reprs _____ Company Reprs _____

Date Answered from Second Level * (Attach Notes) _____

Company Position _____

_____ Closed - YES _____ NO _____

Date Appealed to Third Level _____ Date of Third Level Meeting _____

Union Reprs _____ Company Reprs _____

Date Answered from Third Level * (Attach Notes) _____

Company Position _____

_____ Closed - YES _____ NO _____

Date Appealed Mediation/Arbitration _____ Date of Mediation/Arbitration _____

Union Reprs _____ Company Reprs _____

Date Answered from Mediation/ Arbitration * (Attach Notes) _____

Final Disposition _____

WITHDRAWN _____ WON _____ LOST _____ SETTLED _____

* Attach extension of time if applicable