



Communications Workers of America - Local 1000 AFL-CIO

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Amy Lafferty - President
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Vice President - Traffic

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GRIEVANT INFORMATION (MUST BE AS FACTUAL AS POSSIBLE)

GRIEVANT'S NAME _____ NCS DATE _____

GRIEVANT'S ADDRESS _____

REACH #(S): _____ OFFICE _____ JOB TITLE _____

TIME AND DATE INCIDENT OR SITUATION OCCURRED _____

MANAGEMENT PERSON(S) INVOLVED _____

WITNESS(ES) (IF APPLICABLE) _____

WHAT WOULD YOU LIKE THE OUTCOME TO BE?

EXPLAIN, IN YOUR OWN WORDS, EXACTLY WHAT HAPPENED AND WHAT YOU WERE TOLD:

SIGNATURE OF GRIEVANT _____ DATE _____

IF ADDITIONAL SPACE IS NEEDED, PLEASE MAKE ATTACHMENTS.

THIS FORM IS NOT TO BE GIVEN TO THE COMPANY