

COMMUNICATION WORKERS OF AMERICA LOCAL 1051

59 Main Street Fairhaven, Massachusetts, 02719
Phone: 508-961-6322 Fax: 508-961-1410 Email: cwa-local1051@inetmail.att.net

GRIEVANCE FORM

LOCAL CASE # _____
DATE _____

1. NAME OF GRIEVANT _____ 2. NCS DATE _____

3. JOB TITLE _____ 4. EMPLOYER _____

5. DATE OF INCIDENT _____

6. STEWARD TAKING COMPLAINT _____

7. DATE EMPLOYER NOTIFIED OF GRIEVANCE _____

8. COMPLAINT _____
(BE AS FACTUAL AS POSSIBLE)

(IF ADDITIONAL SPACE IS NEEDED, PLEASE MAKE ATTACHMENTS)

9. ARTICLE VIOLATION _____

10. WHAT SETTLEMENT IS EXPECTED? _____

GRIEVANT'S SIGNATURE _____ DATE _____

GRIEVANT'S HOME ADDRESS _____

HOME TEL# _____ (STREET) (CITY) (STATE) (ZIP)
WORK TEL# _____