

# COMMUNICATIONS WORKERS OF AMERICA

## LOCAL 3902

This form to be filled out completely by the Steward who met with the Company Representative. It must be completed prior to filing a formal grievance at the District Level.  
NOTE: Grievance must be filed at the District Level within 60 days of the date of incident.

GRIEVING PARTY: \_\_\_\_\_ NCS: \_\_\_\_\_ Sen. DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

SOC. SEC. #: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
HOME TEL #: \_\_\_\_\_ WORK #: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ WORK LOC.: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ OPERATIONS LEVEL: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ CONTRACT ARTICLE: \_\_\_\_\_

DATE OF INFORMAL MEETING WITH COMPANY: \_\_\_\_\_

COMPANY REPRESENTATIVE(S): \_\_\_\_\_

DETAILED EXPLANATION OF INCIDENT OR CONDITION AND PERTINENT FACTS FROM INFORMAL MEETINGS:

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WHAT SETTLEMENT WAS DEMANDED? \_\_\_\_\_

WHAT DID COMPANY OFFER? \_\_\_\_\_

IF A FORMAL GRIEVANCE IS RECOMMENDED AT THE DISTRICT LEVEL, INDICATE: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, STATE BRIEFLY ON WHAT BASIS AND WHAT SETTLEMENT IS EXPECTED: \_\_\_\_\_

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UNION'S STATEMENT OF WHAT HAPPENED: (TO BE FILLED OUT BY LOCAL UNION OFFICE) \_\_\_\_\_

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UNION STEWARD \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_