CWA Local 3902

This form is 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: _____ City: _____ State: ___ Zip: _____
SSN: _____ Home Phone: _____ Work Phone: _____
Department: _____ Job Title: _____ Work Location: _____
Supervisor: _____ Operations Levels: _____
Date of Incident: _____ Contract Article: _____
Date of informal meeting with Company: _____
Company representative(s): _____
Detailed explanation of incident or condition and pertinent fact 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: _____

_____
_____
_____

Unions Statement of what happened (To be filled out by local union office): _____

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_____
_____

Union Steward: _____ Home Phone: _____ Work Phone: _____