



CWA GRIEVANCE FORM

Local Union _____ Employer _____

Grievant Name _____ Service Date _____

Job Title _____ Work Location _____

Home TN _____ Work TN _____

Incident Date _____ Date Union Notified _____

Contract Art/Sec Violated _____

Steward/Rep _____ Steward's TN _____

Action Grieved _____

Union Position _____

Company Position _____

Step 1: Date Held _____ Response Date _____ Settled: YES ___ NO ___ Advance Date _____

For Union: _____

For Employer: _____

Step 2: Date Held _____ Response Date _____ Settled: YES ___ NO ___ Advance Date _____

For Union: _____

For Employer: _____

Step 3: Date Held _____ Response Date _____ Settled: YES ___ NO ___ Advance Date _____

For Union: _____

For Employer: _____

IMPORTANT! Refer to the grievance procedure in your contract regarding timely filing and advancement of grievances.