CWA

Arbitration/QSB Board Request from Local

Local Grievance Number Employer

Date Grievance was last denied by the employer: Grievant’s Name:

Grievant’s Job Title: Grievant’s Work Location: Grievant’s Pay Date Seniority:

Grievant’s Home Address:

Grievant’s Can-Be-Reached” TN Number:

Grievant’s Home E-Mail Address: Employer’s Action in Dispute:

Article(s) of the Contract violated:

Employer’s last offer of Settlement, if any:

Spokespersons at Final Step Grievance Meeting:

(Union) (Company)

Summary of Local’s Reason for Requesting Arbitration or Requesting QSB: (State your case and best arguments)

**(attach additional numbered sheets if needed)**

**Local Union Officer Requesting Arbitration:**

**Requesting Officer’s Can-Be-Reached TN:**

**Requesting Officer’s e-mail address:**