

Grievance Report - California

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Remove applicable number of sheets from pad before use. No carbon required.

GRIEVANCE REPORT NO.



COMMUNICATIONS WORKERS OF AMERICA		LOCAL NO. 9588	190 W 'G' STREET COLTON, CA 92324	
DATE GRIEVANCE REPORTED TO UNION	REPORTED TO (Name)		UNION TITLE	
DATE GRIEVANCE REPORTED TO MANAGEMENT	TIME	REPORTED TO (Name of 1st Line Supervisor)		JOB TITLE
GRIEVING EMPLOYEE (Name)	SENIORITY DATE	DEPARTMENT	CONTRACT ARTICLE & SECTION R&D	<input checked="" type="checkbox"/> COMPANY PRACTICE OR POLICY (Explain Below)

SPECIFIC NATURE OF GRIEVANCE	

MANAGEMENT POSITION	

UNION POSITION	

STEP ONE	MANAGEMENT COMMITTEE	UNION COMMITTEE	DISPOSITION	DATE:

STEP TWO	MANAGEMENT COMMITTEE	UNION COMMITTEE	DISPOSITION	DATE:

STEP THREE	MANAGEMENT COMMITTEE	UNION COMMITTEE	DISPOSITION	DATE:

DATE OF SETTLEMENT	MANAGEMENT REPRESENTATIVE	UNION REPRESENTATIVE
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If additional space is required, use plain bond paper and attach to this form

SEE ATTACHMENT