

**CWA**

**Communications Workers of America**



**The Union for the  
Information Age**

**AFL-CIO, CLC**

## First Step Grievance Form

**CWA-LOCAL 2275**

**BARGAINING UNIT- VERIZON**

Union Grievance# \_\_\_\_\_ Company Grievance# \_\_\_\_\_

**This Grievance is filed on behalf of:**

Individual Employee

Group (s) of Employees

Local

Class Action

Name \_\_\_\_\_ Department \_\_\_\_\_  
*Individual, Group(s), or Local*

Job Title \_\_\_\_\_ N.C.S. (Seniority) Date \_\_\_\_\_

Where did it happen? \_\_\_\_\_

When did it happen? Time \_\_\_\_\_ Date (s) \_\_\_\_\_ Shift \_\_\_\_\_

**What Happened? Describe events including the following:**

Member's story and explanation

Management's position

Other People involved including names, job titles, seniority, shift, and any other useful information

Witnesses and their stories

Background information, such as previous accusations, reprimands, and events that relate to this problem

*(Attach additional sheets if necessary)*

**The following is a statement of what happened:** \_\_\_\_\_

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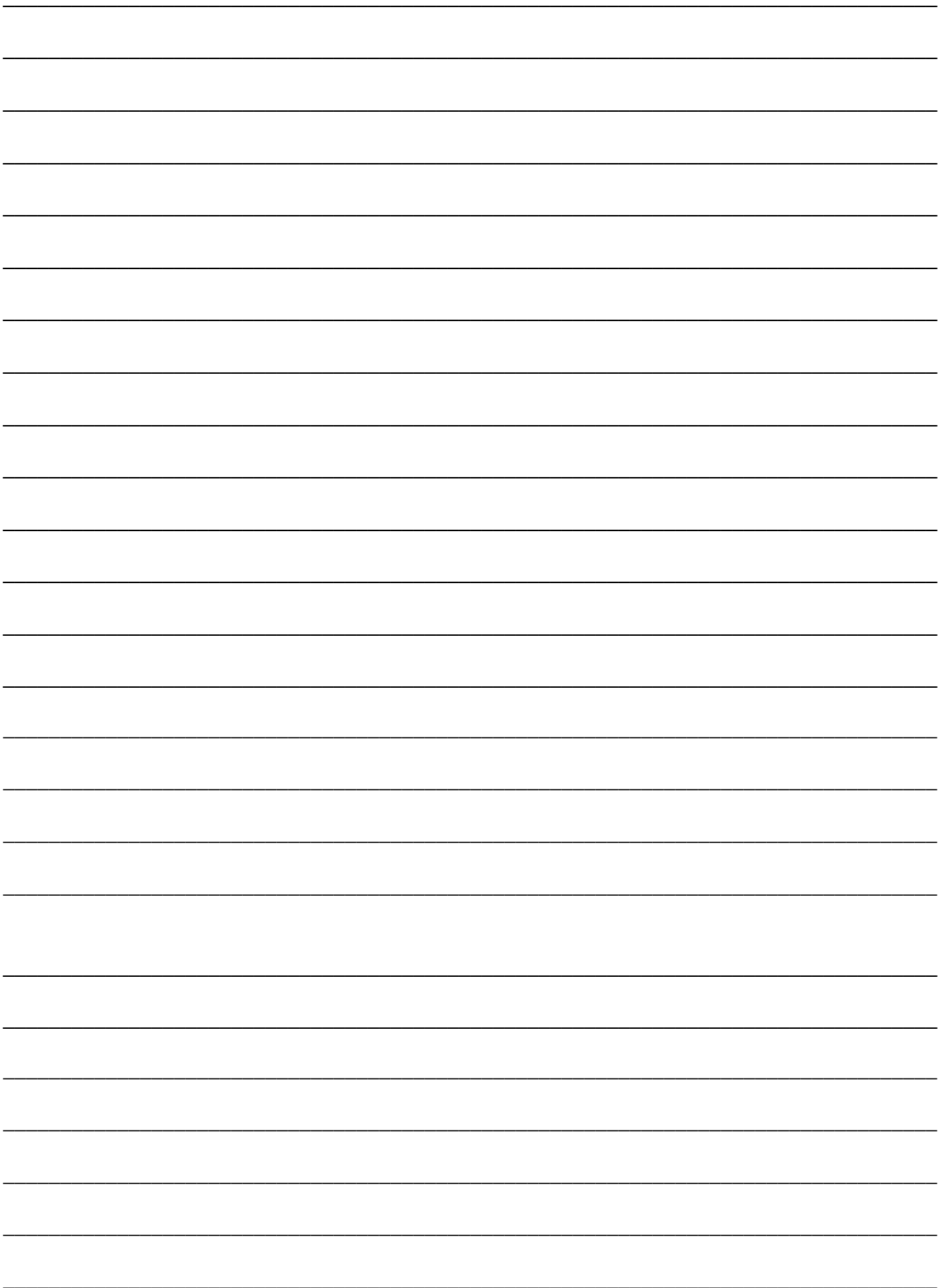
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**Why is this grievable?**

(Check all that are applicable)

**Violation of contract clause (s) (always cite any and all that apply)**

Article (s) \_\_\_\_\_ Section (s) \_\_\_\_\_

Article (s) \_\_\_\_\_ Section (s) \_\_\_\_\_

Article (s) \_\_\_\_\_ Section (s) \_\_\_\_\_

Article (s) \_\_\_\_\_ Section (s) \_\_\_\_\_

**Past Practices (describe fully)**

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**Just Cause (describe fully)**

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**Disparate Treatment (describe fully)**

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**Unfair Practice / Unfair Treatment (describe fully)**

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**The Union reserves the right to add to, delete from or otherwise modify this grievance.**



Supervisor's Answer

Date: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Department \_\_\_\_\_

- Agreed with the Union's position
- Compromised settlement reached
- Refused to accept Union's position

Describe Company's answer or settlement completely: \_\_\_\_\_

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**Disposition of Grievance**

- Grievance closed Date \_\_\_\_\_
- Grievance appealed Date appeal letter sent \_\_\_\_\_  
(To be filled out by Local Office)

Company Director to whom grievance should be appealed \_\_\_\_\_

**Steward / Representative Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell / Pager # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_