

DISTRICT 2  
COMMUNICATIONS WORKERS OF AMERICA

GRIEVANCE REPORT FORM/STATEMENT FOR SUPERVISOR

**Local 2001 vs Verizon**

1. NAME OF GRIEVANT: \_\_\_\_\_ Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_/

2. JOB LOCATION & TITLE OF GRIEVANT: \_\_\_\_\_

3. NME OF IMMEDIATE SUPERVISOR INVOLVED: \_\_\_\_\_

4. SUPERVISOR'S PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

5. DETAILS OF GRIEVANCE:

(a) What happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Who is involved? \_\_\_\_\_

(c) Where did it happen: \_\_\_\_\_

(d) When did it happen: \_\_\_\_\_

(e) What is the desired settlement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. WHAT CONTRACT CLAUSE(S) ARE INVOLVED: \_\_\_\_\_

7. REFERRED TO UNION OFFICE FOR PROCESSING ON: \_\_\_\_\_

JOB STEWARD'S SIGNATURE:

\_\_\_\_\_

WORK LOCATION :

\_\_\_\_\_

TELEPHONE NUMBERS:

\_\_\_\_\_ / \_\_\_\_\_

(Work)

(Home)

<b>Informal Meeting held on:</b>
<b>Supervisor Notified of Formal Grievance on:</b>

IF THERE ARE DATES WHICH YOU OR THE GRIEVANT ARE UNAVAILABLE, PLEASE LIST THEM HERE:

\_\_\_\_\_