

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)

Informal Meeting held on:
Supervisor Notified of Formal Grievance on:

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