

DISTRICT 2
COMMUNICATIONS WORKERS OF AMERICA

GRIEVANCE REPORT FORM/STATEMENT FOR SUPERVISOR

Local 2001 vs Frontier (CBA 142)

Grvc. # _____

1. NAME OF AGGRIEVED: _____ Service Date: _____

2. JOB LOCATION & TITLE OF AGGRIEVED: _____

3. NAME 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) (Cell) (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:

PLEASE PROVIDE COMPANY'S GRIEVANCE NUMBER
NO LATER THAN THE DATE OF THE 1ST STEP GRIEVANCE.