



Communications Workers of America
 Local 1122
 3775 Genesee Street
 Buffalo, New York 14225
 (716) 633-2211 - Fax (716) 633-9641



GRIEVANCE REPORT

Griev. # _____

File # _____

1. Date of Incident: _____ Location: _____ Dept. _____
2. Name of Grievant(s) _____ Job Title: _____
3. Rate of pay _____ NCSD _____ Home Tel _____ Work Tel _____
4. What Happened: _____

5. What Section of Contract Applies: _____
6. What Settlement is expected: _____
7. Similar Grievance Settlement (cite case number) _____
8. Name & Title of Management Person Notified: _____ Date _____
9. Date of First Step Meeting _____ Union Rep: _____
 Date of Answer: _____ Company Rep: _____
10. Company Position: _____

11. Date Appealed to 2nd. _____
 Date of 2nd. Step Meeting _____ Union Rep: _____
 Date of Answer _____ Company Rep _____
12. Company Position: _____

13. Date Appealed to 3rd. Step _____
 Date of 3rd. Step Meeting _____ Union Rep _____
 Date of Answer _____ Company Rep _____
 Company Position _____
14. Final Disposition _____

(Use reverse side for additional information)

