

CWA/CINGULAR GRIEVANCE FORM

UNION LOCAL NUMBER:	UNION CASE NUMBER:
<input type="checkbox"/> DISCIPLINE <input type="checkbox"/> OTHER GRIEVANCE	ORGANIZATION:
DATE OF OCCURENCE:	TRACKING NUMBER:
GRIEVANT (IF APPLICABLE)	SOCIAL SECURITY NUMBER TOE

STATEMENT OF GRIEVANCE/ARTICLE OR SECTION VIOLATED:			
UNION RESOLUTION:			
SIGNED-UNION REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER

COMPANY DISPOSITION – STEP ONE	Meeting Date _____		
SIGNED-COMPANY REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER

UNION: <input type="checkbox"/> ACCEPTS <input type="checkbox"/> REJECTS <input type="checkbox"/> APPEALS			
SIGNED-UNION REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER

COMPANY DISPOSITION – STEP TWO:			
SIGNED-COMPANY REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER

UNION: <input type="checkbox"/> ACCEPTS <input type="checkbox"/> REJECTS <input type="checkbox"/> APPEALS <input type="checkbox"/> INTENDS TO ARBITRATE			
SIGNED-UNION REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER