

CWA LOCAL 3205 INFORMAL GRIEVENCE SETTLEMENT

DATE GRIEVENCE OCCURRED: _____

DATE GRIEVENCE MET INFORMAL: _____

NAME OF GRIEVENT: _____

NAME OF JOB STEWARD: _____

SUPERVISOR: _____

ISSUE INVOLVED: _____

ARE RECORDS TO BE CORRECTED _____

IF SO WHICH RECORDS _____

HAS THE UNION AND EMPLOYEE RECEIVED CORRECTED
COPIES _____

IF NOT WHEN _____

SETTLEMENT

HAS THE GRIEVENT BEEN NOTIFIED _____

SUPERVISOR SIGNATURE _____

JOB STEWARD SIGNATURE _____

EMPLOYEE SIGNATURE _____