**Communications Workers of America | District 3 | AFL-CIO**

**3516 Covington Highway | Decatur, GA 30032 | Phone: (404) 296-5553 | Fax: 404-299-6165**

**UCW/CWA Disciplinary Grievance Brief**

LOCAL NUMBER:

LOCAL PHONE NUMBER:

LOCAL STREET ADDRESS:

       |       |

 *City State Zip*

GRIEVANT(S) NAME:

GRIEVANT(S) PHONE NUMBER:       GRIEVANT(S) HOME ADDRESS:

       |       |

*City State Zip*

EMPLOYER:

SENIORITY DATE:

JOB TITLE:

DEPARTMENT:

GRIEVANCE TYPE:

DATE OF GRIEVANCE:

DATE GRIEVANCE OCCURRED:

DATE GRIEVANCE APPEALED TO THE STATE:

MANAGEMENT STRUCTURE:

EMPLOYER POSITION:

UNION POSITION:

GRIEVANT’S DISCIPLINARY HISTORY:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Entry****Date** | **Removal****Date** | **Entry Type** | **Issue** | **Grieved****Y/N** |
|       |       |       |       |       |
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EMPLOYER’S POSITION

EMPLOYER VERSION OF THE RELEVANT FACTS :

EMPLOYER ARGUMENT:

UNION’S POSITION

UNION VERSION OF THE RELEVANT FACTS:

UNION ARGUMENT:

DISPARATE TREATMENT:

UNION REPRESENTATION :

CURRENT STATUS OF GRIEVANT:

OUTSIDE REMEDIES:

OTHER RELATED GRIEVANCES:

DOCUMENTS INCLUDED:

|  |  |  |
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| **ATTACHMENT #1:**       |  | **DATED:**       |
| **ATTACHMENT #2:**       |  | **DATED:**       |
| **ATTACHMENT #3:**       |  | **DATED:**       |
| **ATTACHMENT #4:**       |  | **DATED:**       |
| **ATTACHMENT #5:**       |  | **DATED:**       |
| **ATTACHMENT #6:**       |  | **DATED:**       |
| **ATTACHMENT #7:**       |  | **DATED:**       |
| **ATTACHMENT #8:**       |  | **DATED:**       |
| **ATTACHMENT #9:**       |  | **DATED:**       |
| **ATTACHMENT #10:**       |  | **DATED:**       |
| **ATTACHMENT #11:**       |  | **DATED:**       |
| **ATTACHMENT #12:**       |  | **DATED:**       |
| **ATTACHMENT #13:**       |  | **DATED:**       |
| **ATTACHMENT #14:**       |  | **DATED:**       |
| **ATTACHMENT #15:**       |  | **DATED:**       |
| **ATTACHMENT #16:**       |  | **DATED:**       |
| **ATTACHMENT #17:**       |  | **DATED:**       |
| **ATTACHMENT #18:**       |  | **DATED:**       |

RESPECTFULLY SUBMITTED BY**:**

*Local President’s Signature*

PRESIDENT, UCW/CWA LOCAL