



CWA 9003 UNION REPRESENTATION REPORT

Employer: _____

MEMBERS NAME _____ DATE _____

HOME ADDRESS _____ SOCIAL SECURITY NO. _____

CITY/ZIP CODE _____ SERVICE DATE _____

HOME PHONE NO. _____ WORK PHONE NO. _____

CELL PHONE NO. _____ PAGER OR EMAIL _____

DEPT. _____ TITLE _____ LOCATION _____

SUPERVISOR'S NAME _____ SUPERVISOR'S PHONE NO. _____

STEWARD'S NAME _____ INFORMAL RESOLUTION YES NO

IF NO RESOLUTION, WHY? _____

ISSUE _____ TYPE OF MEETING _____

MEETING ATTENDEES _____

RESOLUTION SOUGHT _____

FACTS/STATEMENT _____

(over)

REFERRED TO _____ BY _____ DATE _____

