

CWA 9003 NOTIFICATION OF GRIEVANCE

EMPLOYER: _____

DATE INCIDENT OCCURRED: _____ GRIEVANCE NO. _____
NAME OF GRIEVANT: _____ SERVICE DATE: _____
WORK LOCATION _____ JOB TITLE _____
CWA REPRESENTATIVE FILING: _____ DATE: _____
SUPERVISOR GRIEVANCE PRESENTED TO: _____ DATE: _____
E-MAIL: _____ CELL#: _____
OFFICE#: _____ FAX#: _____

**NATURE OF GRIEVANCE: VIOLATION OF ARTICLE #(S) _____
AND/OR ANY APPLICABLE STATE OR FEDERAL LAWS AND/OR EMPLOYER PRACTICES OR POLICIES.**

DOCUMENTATION: _____ SUSPENSION - NO. OF DAYS _____
 WARNING : _____ DISMISSAL _____
 OTHER: _____

RELEVANT INFORMATION NEEDED:

ATTENDANCE CALENDARS COPY OF WARNING
 ALL INVESTIGATION REPORT(S) EMPLOYEE'S EVALUATIONS
 ALL DOCUMENTS RELIED UPON/USED TO MAKE MANAGEMENT DECISION ANY/ALL WITNESS STATEMENTS
 ALL DOCUMENTATION IN FILE ALL RECORDS OF INTERVIEW
 OTHER RELEVANT DOCUMENTATION OF ANY MEDIUM: _____ JOB DESCRIPTION
 RELEVANT POLICY AND/OR PROCEDURES

NOTE: FINAL DATE FOR REQUESTED INFORMATION: _____

SETTLEMENT REQUIRED:

MAKE WHOLE IN EVERY WAY, INCLUDING:
 REINSTATE IMMEDIATELY WITH NO LOSS OF SENIORITY OR BENEFITS
 DESTROY ALL RECORDS/DOCUMENTATION RELATED TO GRIEVED INCIDENT
 PAY ALL LOST WAGES/BENEFITS
 OTHER: _____

FINAL DATE FOR NEXT STEP MEETING(S): _____ \ _____

MEETING DATE _____ DISPOSITION _____

RESOLVED? YES NO IF NOT, WHY? _____

REFERRED TO LOCAL BY _____ DATE: _____

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