



Communications Workers of America
Local 1122
3775 Genesee Street
Buffalo, New York 14225
(716) 633-2211 - Fax (716) 633-9641

GRIEVANCE REPORT

Grievance # _____

File # _____

1. Date of Incident: _____ Location: _____ Dept. _____
2. Name of Grievant(s) _____ Job Title: _____
3. Rate of pay _____ NCSD _____ Home Tel _____ Work Tel _____
4. What Happened: _____

5. What Section of Contract Applies: _____
6. What Settlement is expected: _____
7. Similar Grievance Settlement (cite case number) _____
8. Name & Title of Management Person Notified: _____ Date _____
9. Date of First Step Meeting _____ Union Rep: _____
Date of Answer: _____ Company Rep: _____
10. Company Position: _____

11. Date Appealed to 2nd. _____
Date of 2nd. Step Meeting _____ Union Rep: _____
Date of Answer _____ Company Rep _____
12. Company Position: _____
13. Date Appealed to 3rd. Step _____
14. Date of 3rd. Step Meeting _____ Union Rep _____
Date of Answer _____ Company Rep _____
Company Position _____
15. Final Disposition _____