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

4100 Perimeter Park S | Atlanta, GA 30341 | Phone: (404) 296-5553 | Fax: (404) 299-6165

**Disciplinary Grievance Brief**

**LOCAL NUMBER:**

**LOCAL PHONE NUMBER:**

**LOCAL STREET ADDRESS:**

City State Zip

**GRIEVANT(S) NAME:**

**GRIEVANT(S) PHONE NUMBER:**

**GRIEVANT(S) STREET ADDRESS:**

City State Zip

**COMPANY:**

**SENIORITY DATE:**

**TITLE:**

**DEPARTMENT:**

**GRIEVANCE TYPE:**

**DATE DISCIPLINE GRIEVED:**

**ARTICLE(S):**

**DATE GRIEVANCE OCCURRED:**

**DATE OF** 1**st STEP INFORMAL MEETING:**

**DATE OF** 2**nd STEP FORMAL MEETING:**

**DATE GRIEVANCE APPEALED TO THE STATE:**

**MANAGEMENT STRUCTURE:**

**COMPANY’S PROPOSED SETTLEMENT AT** 2**nd STEP FORMAL MEETING:**

**UNION’s PROPOSED SETTLEMENT AT** 2**nd STEP FORMAL MEETING:**

**GRIEVANT’S DISCIPLINARY HISTORY:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Entry Date** | **Removal****Date** | **Entry Type** | **Issue** | **Grieved****Y/N** |
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**Company’s Position**

**COMPANY’S VERSION OF THE RELEVANT FACTS:**

**COMPANY’S ARGUMENT:**

**Union’s Position**

**UNION’S VERSION OF THE RELEVANT FACTS :**

**UNION’S ARGUMENT:**

**DISPARATE TREATMENT:**

**UNION’S REPRESENTATION:**

**CURRENT STATUS OF GRIEVANT:**

**OUTSIDE REMEDIES:**

**OTHER RELATED GRIEVANCES:**

**DOCUMENTS INCLUDED:**

|  |  |
| --- | --- |
| **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:**

 **DATED:**

 Signature of Local President

 **PRESIDENT, CWA LOCAL**