**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**