

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

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True Intent 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:

ARTICLE(S):

DATE GRIEVANCE OCCURRED:

DATE OF 1st STEP INFORMAL MEETING:

DATE OF 2nd STEP FORMAL MEETING:

DATE GRIEVANCE APPEALED TO THE STATE:

**MANAGEMENT STRUCTURE:**

ISSUE INVOLVED IN GRIEVANCE:

UNION’S POSITION:

COMPANY’S POSITION :

UNION’S PROPOSED SETTLEMENT AT 2nd STEP FORMAL MEETING:

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

**TIMELINE**

**ARGUMENT**

**ANALYSIS**

Union Position (Strengths):

Union Position (Weaknesses):

Company Position (Strengths):

Company Position (Weaknesses):

**CONCLUSION**

DOCUMENTS INCLUDED:

Attachment #1:

Attachment #2:

Attachment #3:

Attachment #4:

Attachment #5:

Attachment #6:

Attachment #7:

Attachment #8:

Attachment #9:

Attachment #10:

Respectfully submitted by:

***Signature of Local President***

President – CWA Local

Dated: