

CWA / DEX MEDIA GRIEVANCE REPORT

UNION LOCAL NUMBER: 7803	UNION CASE NUMBER:
<input type="checkbox"/> DISCIPLINE <input type="checkbox"/> OTHER GRIEVANCE	ORGANIZATION:
DATE OF OCCURRENCE:	TRACKING NUMBER:
GRIEVANT (IF APPLICABLE) SOCIAL SECURITY NUMBER TOE <p style="text-align: center;">Problem Solving:</p>	

STATEMENT OF GRIEVANCE/ARTICLE OR SECTION VIOLATED: 			
UNION RESOLUTION: 			
SIGNED-UNION REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER

COMPANY DISPOSITION-STEP ONE	DATE MEETING HELD:		
SIGNED-COMPANY REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER

UNION: <input type="checkbox"/> ACCEPTS <input type="checkbox"/> REJECTS <input type="checkbox"/> APPEALS			
SIGNED-UNION REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER

COMPANY DISPOSITION-STEP TWO	DATE MEETING HELD:		
SIGNED-COMPANY REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER

UNION: <input type="checkbox"/> ACCEPTS <input type="checkbox"/> REJECTS <input type="checkbox"/> APPEALS <input type="checkbox"/> INTENDS TO ARBITRATE (DISCIPLINE CASES ONLY)			
SIGNED-UNION REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER