



Communications Workers of America
Local 2201
5809 Lakeside Avenue
Richmond, Virginia 23228
Office 804-266-2201 Fax 804-266-8572

Team Leader _____

Manager _____

Director _____ **(must complete)**

WHO HAS GRIEVANCE?

Name _____ **SSN** _____

Job title _____ **Tour** _____

Department _____ **Net Credit Service** _____

WHERE DID IT HAPPEN?

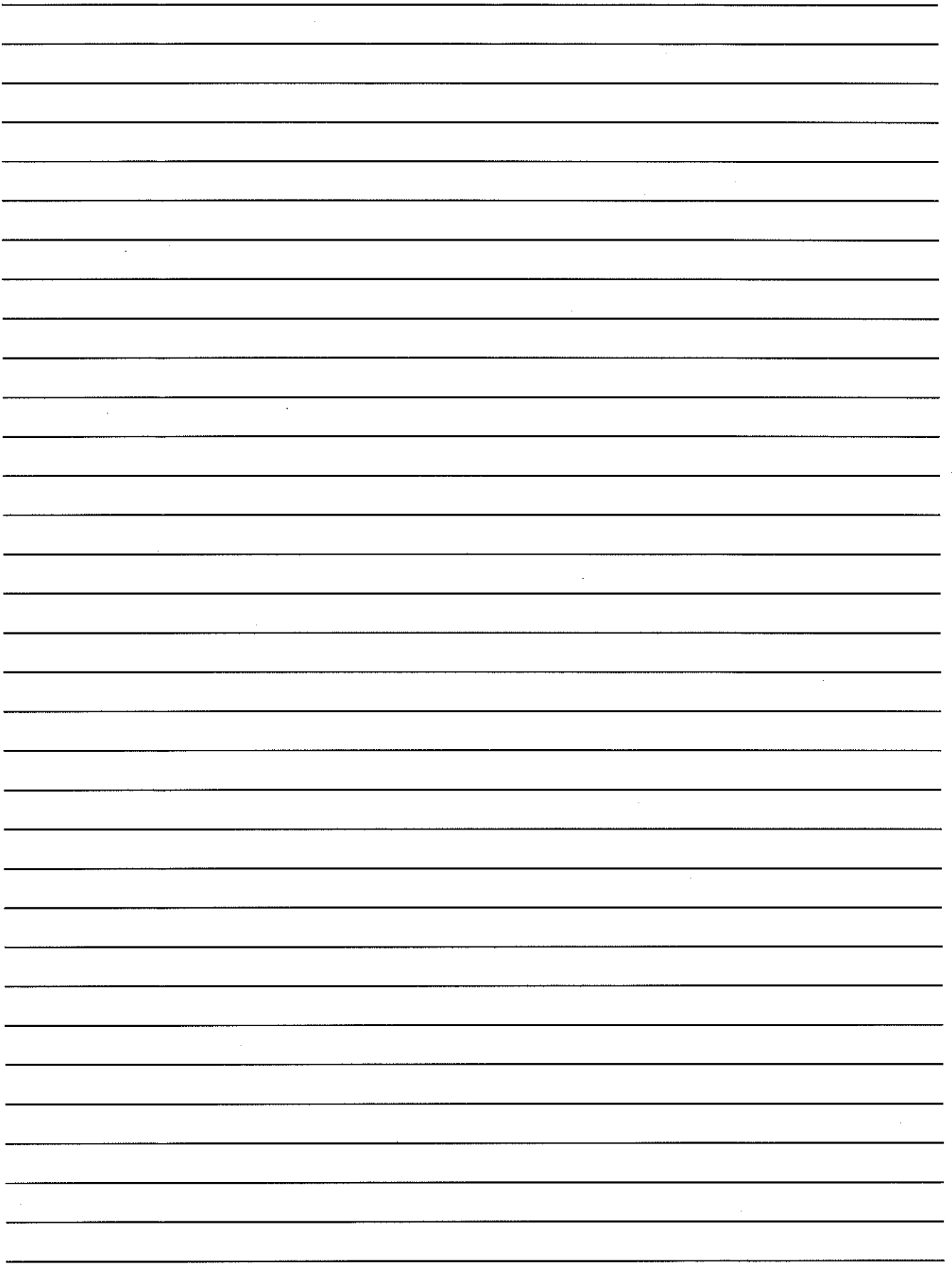
Location _____

WHEN DID IT HAPPEN?

Date _____ **Time** _____

WHAT HAPPENED? DESCRIBE EVENTS INCLUDING:

Attach Statement of Occurrence or Complete



WHY IS IT A GRIEVANCE?

Violations of Contract Clause(s)

Article _____

Section _____

Letter of Understanding

Business Code of Conduct

Aggrieved due to:

Desired Settlement:

SUPERVISOR WHO GAVE ANSWER AT 1ST STEP _____

DATE RECEIVED ANSWER _____

****Date received answer is day 1, Union has 7 days to appeal to 2nd step**

STEWARD _____

CHECK ONE:

Settled at 1st Step of the Grievance Procedure

Settlement:

****TO BE SIGNED BY THE AGGRIEVED PARTY TO CLOSE:**

I _____, accept the Company's answer and **DO NOT** want this grievance appealed.

DATE

AGGRIEVED PARTY'S SIGNATURE

Grievance referred to Local to be Appealed to the 2nd step of the Grievance Procedure **Date** _____

Dear Steward,

Below is a list of attendees at 2nd step of the grievance procedure. Please list additional person to be present. Do understand, if this is a suspension or termination, Bill Evitt, CWA Representative will attend. Limit is 5.

Union Executive Officer, Group VP, Steward, Aggrieved, _____ (extra).