

Communications



Workers of America

LOCAL 3108

Record Of Informal Grievance Settlement

Grievant (or Work Group): _____

Home Address: _____

City: _____ State: _____ Zip: _____

NCS Date: _____ Work Phone: _____ Home: _____

Department: _____ Title: _____

Date of Occurance: _____ Date of Informal Meeting: _____

Local Contact Person _____ Phone: _____

Brief Description of Action

Greived: _____

Contract Article: _____

Informal Meeting Attendees:

Union: _____ Company: _____

Did Grievant Attend: Yes: _____ No: _____

Informal Settlement: _____

CWA Representative Signature

Management Representative Signature

Date Grievant was covered on Settlement: _____

Signature of Grievant: _____