

*Communications Workers
of America, AFL-CIO*



LOCAL 1400
155 WEST ROAD
PORTSMOUTH, NEW HAMPSHIRE 03801
PHONE (603) 436-4388 FAX (603) 436-2962
Email: clocal1400@aol.com Website: www.cwalocal1400.org

GRIEVANCE DISCUSSION NOTIFICATION

DATE: _____

MANAGEMENT PERSON NOTIFIED: _____

THIS IS TO INFORM YOU THAT THE FOLLOWING UNION OFFICIALS:

ARE HEREBY REQUESTING, AT YOUR EARLIEST CONVENIENCE:

(A) _____ A MEETING TO HEAR GRIEVANCE(S) _____

(B) _____ A DISCUSSION MEETING

THE SUBJECTS WE WILL BE DISCUSSING ARE: _____

THE CONTRACT PROVISIONS INVOLVED ARE: _____

COMMUNICATION WORKERS OF AMERICA, AFL-CIO

LOCAL 1400 GRIEVANCE RECORD

COMPANY _____ GRIEVANCE NUMBER _____
INCIDENT DATE ___/___/___ GRIEVANCE HEARD DATE: ___/___/___

GREIVANT NAME _____ WORK LOCATION _____
JOB TITLE _____ SENIORITY DATE ___/___/___
RATE OF PAY _____ STEWARD _____
HOME PHONE _____ CELL PHONE _____
HOME EMAIL ADDRESS _____
HOME ADDRESS _____

ISSUE GRIEVED _____

REMEDY SOUGHT _____

STEP 1 MEETING REQUESTED ___/___/___ MEETING HELD ___/___/___
PRESENT: UNION _____ COMPANY _____
COMPANY RESPONSE: ___/___/___ _____

STEP 2 MEETING REQUESTED ___/___/___ MEETING HELD ___/___/___
PRESENT: UNION _____ COMPANY _____
COMPANY RESPONSE: ___/___/___ _____

STEP 3 MEETING REQUESTED ___/___/___ MEETING HELD ___/___/___
PRESENT: UNION _____ COMPANY _____
COMPANY RESPONSE: ___/___/___ _____

RECOMMEND FOR ARBITRATION YES ___ NO ___ REASON _____

FINAL DISPOSITION _____

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DO NOT WANT TO FILE A GRIEVANCE FORM

I, _____ do not want to file a grievance for the
issue listed below:

Member Signature

____/____/____
Date

Steward/DVP Signature

____/____/____
Date

