



Tony Gonzales
President

Walter Brugman
Executive Vice President

Joan Gifford
Secretary-Treasurer

GRIEVANCE NOTIFICATION

Grievant Name:	Grievance Number:
NCS:	Job Title:
Work Address:	Call Back Number:
Step 1 Manager:	Call Back Number:

Nature of Grievance (check appropriate boxes)

SUSPENSION OF DAYS DISMISSAL Date of Incident: _____
 DOCUMENTATION WARNING
 OTHER, (PLEASE SPECIFY): _____

Violation of articles 1,2,3 and any other that may apply. Violations of M.O.A. & 95-1 & 95-2 and any others may apply.
Violations of any applicable state or federal laws.

Settlement Required (Check appropriate boxes)

Pay all lost wages Pay all benefits Remove Warning Destroy Documentation Reinstatement with no loss of seniority
 OTHER, (PLEASE SPECIFY): _____

Relevant Information Needed (Check appropriate boxes)

Attendance Calendars Evaluations Current/Past Documentation Relating to this incident All documentation on file
 Accident Report Any/All witness reports
 OTHER, PLEASE SPECIFY _____

CWA RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION DEEMED NECESSARY

Releases needed for

Release #

Release #

Mailed Faxed other Specify

To Manager:

Date:

