



Communications Workers of America
Local 1102, AFL-CIO
Staten Island, NY

Grievance Form

Grievance# _____ Chief Steward _____

Title _____

Company _____

Grievant: Name _____ Title _____ NCSID _____

Work Location _____ Phone # _____

Grievance: Contract Article _____ Date of Occurrence _____

Presented To _____ Steward _____ Date Filed _____

First Step: Date _____

Union _____ Company _____

Outcome: Hold _____ Sustained _____ Mutually Resolved _____
Denied _____ Withdrawn Without Prejudice _____

Second Step: Date _____

Union _____ Company _____

Outcome: Hold _____ Sustained _____ Mutually Resolved _____
Denied _____ Withdrawn Without Prejudice _____

Third Step: Date: _____

Union _____ Company _____

Outcome: Hold _____ Sustained _____ Mutually Resolved _____
Denied _____ Withdrawn Without Prejudice _____

Recommend: No Further Action _____ Protect for Arbitration _____