

**Communications Workers of America | District 3 | AFL-CIO**

**3516 Covington Highway | Decatur, GA 30032 | Phone: (404) 296-5553 | Fax: 404-299-6165**

 **DISCIPLINARY GRIEVANCE BRIEF**

**LOCAL NUMBER:**

**LOCAL PHONE NUMBER:**

**LOCAL ADDRESS:**

 **|       |**

 ***City State Zip***

**GRIEVANT(S) NAME:**

**GRIEVANT(S) PHONE NUMBER:**

**GRIEVANT(S) STREET ADDRESS:**

**|** **|**

 ***City: State: Zip:***

**COMPANY:**

**SENIORITY DATE:**

**TITLE:**

**DEPARTMENT:**

**GRIEVANCE TYPE:**

**DATE DISCIPLINE GRIEVED:**

**ARTICLE(S):**

**DATE GRIEVANCE OCCURRED:**

**DATE OF 1ST STEP INFORMAL MEETING:**

**DATE OF 2ND STEP FORMAL MEETING:**

**DATE GRIEVANCE APPEALED TO THE STATE:**

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| **MANAGEMENT STRUCTURE:** |

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| **COMPANY’S PROPOSED SETTLEMENT AT 2ND STEP FORMAL MEETING:** |
| **UNION’S PROPOSED SETTLEMENT AT 2ND STEP FORMAL MEETING:** |

**GRIEVANT’S DISCIPLINARY HISTORY:**

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| --- | --- | --- | --- | --- |
| **Entry Date** | **Removal Date** | **Entry Type** | **Issue** | **Grieved Y/N** |
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**COMPANY’S POSITION**

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| **COMPANY’S VERSION OF THE RELEVANT FACTS:** |

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| **COMPANY’S ARGUMENT:** |

**UNION’S POSITION**

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| **UNION’S VERSION OF THE RELEVANT FACTS:** |

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| **UNION’S ARGUMENT:** |
| **DISPARATE TREATMENT:** |

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| **UNION’S REPRESENTATION:** |

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| **CURRENT STATUS OF GRIEVANT:** |

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| **OUTSIDE REMEDIES:** |
| **OTHER RELATED GRIEVANCES:** |

**DOCUMENTS INCLUDED:**

|  |  |
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| **ATTACHMENT #1:** | **DATED:** |
| **ATTACHMENT #2:** | **DATED:** |
| **ATTACHMENT #3:** | **DATED:** |
| **ATTACHMENT #4:** | **DATED:** |
| **ATTACHMENT #5:** | **DATED:** |
| **ATTACHMENT #6:** | **DATED:** |
| **ATTACHMENT #7:** | **DATED:** |
| **ATTACHMENT #8:** | **DATED:** |
| **ATTACHMENT #9:** | **DATED:** |
| **ATTACHMENT #10:** | **DATED:** |
| **ATTACHMENT #11:** | **DATED:** |
| **ATTACHMENT #12:** | **DATED:** |
| **ATTACHMENT #13:** | **DATED:** |
| **ATTACHMENT #14:** | **DATED:** |
| **ATTACHMENT #15:** | **DATED:** |
| **ATTACHMENT #16:** | **DATED:** |
| **ATTACHMENT #17:** | **DATED:** |
| **ATTACHMENT #18:** | **DATED:** |

**RESPECTFULLY SUBMITTED BY:**

 ***Local President’s Signature***

**PRESIDENT, CWA LOCAL**