



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: _____

MANAGEMENT STRUCTURE:

COMPANY'S PROPOSED SETTLEMENT AT 2ND STEP FORMAL MEETING:

UNION'S PROPOSED SETTLEMENT AT 2ND STEP FORMAL MEETING:

GRIEVANT'S DISCIPLINARY HISTORY:

Entry Date	Removal Date	Entry Type	Issue	Grieved Y/N

COMPANY'S POSITION

COMPANY'S VERSION OF THE RELEVANT FACTS:

COMPANY'S ARGUMENT:

UNION'S POSITION

UNION'S VERSION OF THE RELEVANT FACTS:

UNION'S ARGUMENT:

DISPARATE TREATMENT:

UNION'S REPRESENTATION:

CURRENT STATUS OF GRIEVANT:

OUTSIDE REMEDIES:

OTHER RELATED GRIEVANCES:

DOCUMENTS INCLUDED:

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