

CWA Local 2204 Grievance 2nd Step Appeal FAX / Phone In Form

Phone in #: 276-679-2948 Fax #: 276-679-0248

Name of Aggrieved: _____

NCS Date of Aggrieved: _____

Work Location: _____ Department: _____

Have Personnel Files been requested? Yes No Date of request: _____

Nature Of Grievance: _____

Violations Cited

____ Past Practice

Contract Article _____ Section _____

____ Just Cause

Contract Article _____ Section _____

____ Disparate Treatment

Contract Article _____ Section _____

____ Unfair Practice

Contract Article _____ Section _____

____ Unfair Treatment

Explain Past Practice, Just Cause, Disparate Treatment, Unfair Practice, Unfair Treatment:

Demand: _____

Company Answer at First Step by: _____ (Team Leader Name)

Date Grievance Presented at First Step _____ Date Answered _____

Appeal to Company Director: _____

Grievance filed by CWA Local 2204 Representative: _____