

## **CWA Local #7270 Grievance Report**

Grievance #						
Grievant(s) Name(s)-			_ Date of Incid	Date of Incident		
First Step Company	Date of Model of Mode		//	(Mtg Within 15 Days of Incident)		
Signed	(Company Representative)	Date/	(Company Respon	se Within 3 Days of 1st Step Mtg.)		
Signed	(Union Representative)	Date/	(Union Response With	in 3 Days of Company's Disp.)		
UNION	(ACCEPTS)	(REJECTS)	(APPEALS)			
Signed	(Company Representative)  (Union Representative)	Date/	(Union Response With	se Within 3 Days of 1st Step Mtg.) in 3 Days of Company's Disp.)		
UNION	(ACCEPTS)	(KLJECIS)	(APPEALS)			
THIRD ST Company	EP Date of M  's Proposed Disposition		//	(Mtg Within 15 Days of Incident)		
Signed	ed Date/			se Within 3 Days of 1st Step Mtg.)		
Signed	(Union Representative) (ACCEPTS)	Date//	(Union Response With	in 3 Days of Company's Disp.)		