



CWA Local 7270 Grievance Form

Grievance # _____ Department _____ Date of Incident ____/____/____

Steward Name _____ C.B.R. # (____) _____

Grievant(s) Name(s) _____

Grievant(s) Seniority Date ____/____/____ Title _____ Rate of Pay \$ _____.

Grievance Description – (Meeting Should Happen Within 15 Days Of Incident)

Application Contract Section and Article Number –

Application Company Policy or Procedure –

Applicable City, State, or Federal Laws –

Remedy Requested by the Union –

Signed _____

Date ____/____/____