



RECORD OF INFORMAL GRIEVANCE SETTLEMENT

GRIEVANT (or Work Group): _____

HOME ADDRESS (including city & zip): _____

WORK LOCATION: _____

NCS DATE : _____ WORK PHONE: _____ HOME PHONE: _____

DEPARTMENT: _____ TITLE: _____

DATE OF OCCURRENCE: _____ DATE OF INFORMAL MEETING: _____

LOCAL CONTACT PERSON: _____ PHONE: _____

BRIEF DESCRIPTION OF ACTION GRIEVED: _____

CONTRACT ARTICLE: _____

INFORMAL MEETING:	<u>UNION</u>	<u>COMPANY</u>
	_____	_____
	_____	_____

GRIEVANT ATTENDED YES NO

INFORMAL SETTLEMENT: _____

(CWA Representative Signature)

(Management Representative Signature)

DATE GRIEVANT COVERED ON SETTLEMENT: _____

(Grievant signature)