



CWA LOCAL 3207

GRIEVANCE TRACKING FORM

CASE #: _____

STEWARD NAME: _____ CONTACT NO: _____

GRIEVANT NAME: _____ CONTACT NO: _____

DATE OF OCCURENCE: _____

ISSUE INVOLVED: _____

DATE GRIEVANCE RECIEVED: _____

DATE RECORDS REQUESTED: _____

DATE RECORDS RECEIVED: _____

DATE OF INFORMAL MEETING: _____

WHO ATTENDED: _____

IF THE GRIEVANCE IS NOT SETTLED AT THE 1ST (INFORMAL) LEVEL, PLEASE COMPLETE THE FOLLOWING:

DOES THE GRIEVANT WISH TO ATTEND THE 2ND LEVEL MEETING? _____

WHAT SETTLEMENT DOES THE GRIEVANT EXPECT? _____

PLEASE INCLUDE ALL RECORDS, FORMS, AND A COMPLETE WRITE-UP OF GRIEVANCE AND RETURN TO THE CWA 3207 UNION HALL WITHIN 5 DAYS OF INFORMAL MEETING.