



**CWA LOCAL 3207**

**INFORMAL GRIEVANCE AGREEMENT**

GRIEVANT NAME: \_\_\_\_\_ CASE #: \_\_\_\_\_

DATE OF GRIEVANCE MEETING: \_\_\_\_\_

FOLLOW-UP DATE: \_\_\_\_\_

AGREEMENT: \_\_\_\_\_

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SUPERVISOR SIGN \_\_\_\_\_ DATE \_\_\_\_\_

STEWARD SIGN \_\_\_\_\_ DATE \_\_\_\_\_

GRIEVANT SIGN \_\_\_\_\_ DATE \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO THE CWA 3207 UNION HALL  
ALONG WITH THE COMPLETE GRIEVANCE FILE WITHIN 5 DAYS OF AGREEMENT.**