



CWA LOCAL 7476 GRIEVANCE FORM

Communication Workers of America Local 7476
2727 W. 2nd St., Suite 226
Hastings, NE 68901

GRIEVANT INFORMATION

Grievant Name(s): _____ Date of Incident: _____

Type of Grievance: Discipline Other Job Title: _____

Location / Town: _____

Name of Supervisor: _____

GRIEVANCE

Contract Articles Violated: _____

Who Was Involved: _____

What Happened: _____

UNION'S PROPOSED REMEDY OR SETTLEMENT

Union Member: _____

Signature: _____

Date Submitted to Company: _____