

# COMMUNICATIONS WORKERS OF AMERICA

## DISTRICT ONE

**GRIEVANCE REPORT**

**LOCAL No. 1170**

**Case No.** \_\_\_\_\_

1. Date incident first occurred \_\_\_\_\_ Date incident last occurred \_\_\_\_\_ Ongoing \_\_\_\_\_

2. City Rochester Dept. \_\_\_\_\_ Bldg. or Office \_\_\_\_\_ Section \_\_\_\_\_

3. Name of party(s) involved \_\_\_\_\_

4. Member's Seniority Date \_\_\_\_\_

5. Occupation or Job Title \_\_\_\_\_ 6. Job Grade and Rate of Pay \_\_\_\_\_

7. What Happened \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What section of contract applies Articles \_\_\_\_\_, and any other applicable articles  
and/or agreements, written or verbal, between the Company and the Union.

9. What laws apply (City, State, Federal) \_\_\_\_\_

10. What Company policy or practice applies \_\_\_\_\_  
\_\_\_\_\_

11. Similar grievance settlements (State Case No.) \_\_\_\_\_

12. What other incidents, statements or actions relate to this case, by whom \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Date grievance received \_\_\_\_\_

14. Name of steward handling case \_\_\_\_\_

\_\_\_\_\_, R. Winter, A. Cimino, J. Pusloskie

15. What settlement is expected \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Date Company was notified of grievance (date of Union intervention) \_\_\_\_\_

17. Name and Title of management person notified \_\_\_\_\_

Company shall attach grievance answer to the back of this form

**UNION COPY – RETURN WITH COMPANY ANSWER**