

# CWA Local 4100 Fact Sheet

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(Member & steward fill out this section)

Date \_\_\_\_\_ Member Name \_\_\_\_\_

Title \_\_\_\_\_ Service date \_\_\_\_\_ Department date \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Personal Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Pay level (optional) \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Title \_\_\_\_\_ Locations \_\_\_\_\_

**What happened?** (Attach additional sheet if needed)

Who \_\_\_\_\_

Where \_\_\_\_\_ When \_\_\_\_\_

What \_\_\_\_\_

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Why \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The Solution** (members remedy)(attach additional sheet if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Below is for CWA 4100 representative use only)

Date \_\_\_\_\_ Prepared by \_\_\_\_\_ Title \_\_\_\_\_

The Facts: (items that can be proven true)

Who \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_

What \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why \_\_\_\_\_

Steward Notes \_\_\_\_\_

**Check list**

	Item	Date
	Received Grievance	
	Copy of request for relevant data	
	Letter of discipline if applicable	
	Statement of occurrence from member	
	Notes from first step or second step if applicable	
	Grievance given to management	

**Please note:** Documentary evidence such as seniority list, wage schedules, work ticket, record of similar grievances, etc, should be attached. It is very important that dates, statements, and references are not changed once established as facts.

**Time is of the Essence** If we fail to act within the time limits we lose any right to carry the grievance further

Grievance Number \_\_\_\_\_

Stewards Assign to 1<sup>st</sup> step \_\_\_\_\_

\_\_\_\_\_ Date assign \_\_\_\_\_

1<sup>st</sup> step Grievance date \_\_\_\_\_ Date appealed \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stewards Assign to 2<sup>nd</sup> step \_\_\_\_\_

\_\_\_\_\_ Date assign \_\_\_\_\_

2<sup>nd</sup> step Grievance date \_\_\_\_\_ Date appealed \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date assign \_\_\_\_\_

3<sup>rd</sup> step Grievance given to the President of Local 4100 on:

Date \_\_\_\_\_ By \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_