

## CWA /QWEST GRIEVANCE REPORT

UNION LOCAL NUMBER:	UNION CASE NUMBER:
_____ DISCIPLINE ____ OTHER GRIEVANCE	ORGANIZATION:
DATE OF OCCURRENCE:	TRACKING NUMBER:
GRIEVANT (IF APPLICABLE)                      SOCIAL SECURITY NUMBER      TOE	

<b>STATEMENT OF GRIEVANCE/ARTICLE OR SECTION VIOLATED:</b>								
<b>UNION RESOLUTION:</b>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">SIGNED-UNION REPRESENTATIVE</td> <td style="width: 33%; padding: 5px;">PRINT NAME</td> <td style="width: 15%; padding: 5px;">DATE</td> <td style="width: 19%; padding: 5px;">PHONE NUMBER</td> </tr> <tr> <td style="height: 30px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	SIGNED-UNION REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER				
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<b>COMPANY DISPOSITION-STEP ONE</b>	DATE MEETING HELD:							
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<b>UNION:</b>	<b>ACCEPTS</b>	<b>REJECTS</b>	<b>APPEALS</b>					
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<b>COMPANY DISPOSITION-STEP TWO</b>	DATE MEETING HELD:							
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<b>UNION:</b>	<b>ACCEPTS</b>	<b>REJECTS</b>	<b>APPEALS</b>	<b>INTENDS TO ARBITRATE (DISCIPLINE CASES ONLY)</b>				
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