



COMMUNICATIONS WORKERS OF AMERICA, AFL-CIO  
LOCAL 2336-DISTRICT 2-13  
151 RIGGS ROAD, N.E., WASHINGTON, D.C. 20001  
OFFICE #: 202-291-1500  
FAX#: 202-829-0202  
WEBSITE: [www.cwalocal2336.org](http://www.cwalocal2336.org)

**FIRST STEP GRIEVANCE REPORT** *(to be filled out by steward and sent to Local 2336 and accompany all other paperwork for grievance))*

GRIEVANCE#: \_\_\_\_\_

GRIEVANT NAME: \_\_\_\_\_

GRIEVANT JOB TITLE: \_\_\_\_\_

HIRE/SENIORITY DATE: \_\_\_\_\_

TYPE OF GRIEVANCE:

DISCIPLINE/UNFAIR TREATMENT \_\_\_\_\_ CONTRACT VIOLATION: \_\_\_\_\_

*(CHECK ONE)*

GRIEVANCE PRESENTED TO: \_\_\_\_\_

*(Name & Title of supervisor grievance request form given to)*

DATE PRESENTED: \_\_\_\_\_

DATE OF FIRST STEP MEETING: \_\_\_\_\_

DATE RECEIVED COMPANY ANSWER TO 1ST STEP: \_\_\_\_\_

GRIEVANCE ISSUE *(give brief specifics on issue grieved):* \_\_\_\_\_

COMPANY ANSWER WITH DETAIL *(DENIED/SETTLED):* \_\_\_\_\_

STATE OF THE GRIEVANCE *(CHECK ONE):*

\_\_\_\_\_ SETTLED SATISFACTORILY \_\_\_\_\_ CLOSED \_\_\_\_\_ APPEAL TO 2<sup>ND</sup> STEP

DIRECTOR TO WHOM GRIEVANCE SHOULD BE APPEALED TO: \_\_\_\_\_

WORK ADDRESS OF DIRECTOR: \_\_\_\_\_

NAME OF REPRESENTATIVE FILLING OUT REPORT: \_\_\_\_\_

REP. TELEPHONE#: \_\_\_\_\_

DATE FORM SUBMITTED TO LOCAL 2336: \_\_\_\_\_

\_\_\_\_\_ EMAIL \_\_\_\_\_ DROP OFF AT OFFICE

**SEND TO:** [union@cwalocal2336.org](mailto:union@cwalocal2336.org) AND [evp@cwalocal2336.org](mailto:evp@cwalocal2336.org)