

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	

STATEMENT OF GRIEVANCE/ARTICLE OR SECTION VIOLATED:								
UNION RESOLUTION:								
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COMPANY DISPOSITION-STEP ONE	DATE MEETING HELD:							
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UNION:	ACCEPTS	REJECTS	APPEALS					
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COMPANY DISPOSITION-STEP TWO	DATE MEETING HELD:							
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UNION:	ACCEPTS	REJECTS	APPEALS	INTENDS TO ARBITRATE (DISCIPLINE CASES ONLY)				
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