



Dated Grievance Request Information
 Company Manager

Local #: _____
 Case #: _____

REQUEST FOR FIRST STEP GRIEVANCE MEETING

Name of Grievant(s): _____

Issues Involved: _____

Article #: _____ and any and all other applicable articles.

Union's Demand: _____

Date Meeting Requested: _____ Time: _____

Place: _____

Union Representatives who will attend: _____

Grievant(s) who will attend: _____

Prior to the meeting, please provide the following relevant and necessary information required for the administration of our Collective Bargaining Agreement. Should you decide not to provide any of the requested information/documentation, please provide your reasons.

- Entries
- Appraisals
- Attendance Records
- Other
- Medical
- Disability Letters
- Education/Training
- Security Investigation
- Misc. info used for discipline
- Job Description

Signature: _____

Date: _____



Reply to Request should be directed to:

Dated Grievance Request Information
 CWA Local 3519
 Biloxi, MS