



CWA LOCAL 3120
9139 Taft St.
Pembroke Pines, Fl. 33024

INFORMAL MEETING DISPOSITION

GRIEVANT NAME: _____

DATE OF OCCURRENCE: _____

STEWARD'S NAME: _____

ARTICLE OF VIOLATION: _____

DATE OF INFORMAL MEETING: _____

COMPANY ATTENDEES: _____

UNION ATTENDEES: _____

OUTCOME OF INFORMAL MEETING: _____

PLEASE CHECK ONE OF THE FOLLOWING:

SETTLED _____ APPEALED _____

COMPANY SIGNATURE

DATE

UNION SIGNATURE

DATE

INFORMAL GRIEVANCE NUMBER: _____