

Grievance Escalation Form

Use when requesting Panel or Formal grievance

*Local 3122
Miami, Florida*

Date of Informal: _____

Grievance number: _____

Date of occurrence: _____

45 or 60 days on: _____

Informal met with: _____
Company Representative

Recessed: Yes ___ No ___

Article Involved: _____

Issue Involved: _____

Director (3rd level): _____

Manager (2nd level): _____

Supervisor (1st level): _____

Type of Grievance requested: ___ Formal (True Intent)

___ Panel (Contractual)

Present at Informal?

Yes No

ATT UID

Payroll ID

___ ___ Grievant Name: _____

___ ___ Steward's Name: _____

___ ___ Potential witness: _____

CWA local 3122 FAX# (305) 252-6884
Please complete before calling up grievances to the Hall