



True Intent Grievance Brief

LOCAL NUMBER: _____

LOCAL PHONE NUMBER: _____

LOCAL STREET ADDRESS: _____

City *State* *Zip*

GRIEVANT(S) NAME: _____

GRIEVANT(S) PHONE NUMBER: _____

GRIEVANT(S) STREET ADDRESS: _____

City *State* *Zip*

COMPANY: _____

SENIORITY DATE: _____

TITLE: _____

DEPARTMENT: _____

GRIEVANCE TYPE: _____

ARTICLE(S): _____

DATE GRIEVANCE OCCURRED: _____

DATE OF 1st STEP INFORMAL MEETING: _____

DATE OF 2nd STEP FORMAL MEETING: _____

DATE GRIEVANCE APPEALED TO THE STATE: _____

MANAGEMENT STRUCTURE:

ISSUE INVOLVED IN GRIEVANCE:

UNION'S POSITION:

COMPANY'S POSITION:

UNION'S PROPOSED SETTLEMENT AT 2nd STEP FORMAL MEETING:

COMPANY'S PROPOSED SETTLEMENT AT 2nd STEP FORMAL MEETING:

TIMELINE

ARGUMENT

ANALYSIS

Union Position (Strengths):

Union Position (Weaknesses):

Company Position (Strengths):

Company Position (Weaknesses):

CONCLUSION

DOCUMENTS INCLUDED:

Attachment #1:

Attachment #2:

Attachment #3:

Attachment #4:

Attachment #5:

Attachment #6:

Attachment #7:

Attachment #8:

Attachment #9:

Attachment #10:

Respectfully submitted by:

Signature of Local President

President – CWA Local

Dated: _____