

DATE OF OCCURRENCE		UNION LOCAL NUMBER 7901
PROBLEM SOLVING MEETING DATE		UNION CASE NUMBER UD-
TYPE OF GRIEVANCE DISCIPLINE OTHER		MARKET/SERVICE UNIT NAME
GRIEVANT	TOE	MARKET/SERVICE UNIT CASE NUMBER
SOCIAL SECURITY NO	WORK LOCATION	

STATEMENT OF GRIEVANCE/ARTICLE OR SECTION VIOLATED:

UNION RESOLUTIONS:

SIGNED- UNION REPRESENTATIVE	DATE
PRINT NAME	TELEPHONE NUMBER

COMPANY'S DISPOSITION - STEP ONE

DATE MEETING HELD

**SEND ANSWER TO:
FAX: 503.238.6965
Executive Vice President
CWA LOCAL 7901
2950 SE STARK SUITE 100
PORTLAND OREGON 97214**

**UNION ACCEPTS REJECTS APPEALS FOR DISC CASES ONLY-
INTENT TO MEDIATE/ARBITRATE**

SIGNED - COMPANY MANAGER	DATE	SIGNED - UNION REPRESENTATIVE	DATE
PRINT NAME	TELEPHONE NUMBER	PRINT NAME	TELEPHONE NUMBER

COMPANY'S DISPOSITION - STEP TWO

DATE MEETING HELD

UNION **ACCEPTS** **REJECTS** **APPEALS** FOR DISC CASES ONLY-
INTENT TO MEDIATE/ARBITRATE

SIGNED-COMPANY DIRECTOR OR DESIGNATE	DATE	SIGNED - UNION REPRESENTATIVE	DATE
PRINT NAME	TELEPHONE NUMBER	PRINT NAME	TELEPHONE NUMBER

COMPANY'S DISPOSITION - STEP THREE

DATE MEETING HELD

UNION **ACCEPTS** **REJECTS** **APPEALS** FOR DISC CASES ONLY-
INTENT TO MEDIATE/ARBITRATE

SIGNED - COMPANY BARG AGENT OR DESIGNATE	DATE	SIGNED - UNION BARG AGENT	DATE
PRINT NAME	TELEPHONE NUMBER	PRINT NAME	TELEPHONE NUMBER