**COMMUNICATIONS WORKERS OF AMERICA LOCAL 9588**

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| **190 West "G" STREET \* COLTON, CA  92324** | **(909)422-8960 (Office)** |

**Summary of Facts**

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| Member's Name: | Date: | |
| Member's Seniority Date: | SSN: | |
| Home Address: | City: | Zip: |
| Home Phone: | Work Phone: | |
| Dept/Location: | RC: | |
| Union person contacted: | Date: | |
| If for workgroup, names of individuals in the workgroup: | | |

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| 1st Line Supervisor | 2nd Line Supervisor |
| Grievance against whom: | Date of occurrence: |

Please write in your own words (Stewards) and to the best of your knowledge all the facts, names, dates and circumstances leading up to this grievance (use back of form if more space is needed).

**Facts:**   
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| **\*\*\*FOR LOCAL USE ONLY\*\*\***   |  | | --- | | Article of Contract:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | | --- | --- | | Local Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Steward:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date AI held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Was Grievance filed?:\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | Attendance at AI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |