



CWA Local 1298  
3055 Dixwell Ave  
Hamden, CT 06518  
800 833-2889  
**GRIEVANCE FORM**

Name: \_\_\_\_\_

NCSD: \_\_\_\_\_

Job Title: \_\_\_\_\_

Status: \_\_\_\_\_

Work Location: \_\_\_\_\_

Dept: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home #:( ) \_\_\_\_\_ Work #:( ) \_\_\_\_\_ Cell #:( ) \_\_\_\_\_

E-Mail:(Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Manager: \_\_\_\_\_

Steward: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Statement of Grievance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contract Section Violated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action or Settlement Requested by Member: \_\_\_\_\_

\_\_\_\_\_

Grievant Signature: \_\_\_\_\_

Chief Steward Signature: \_\_\_\_\_