



**CWA LOCAL 1298
3055 DIXWELL AVE
HAMDEN, CT 06518
203-288-5271
GRIEVANCE FORM**

Name: _____ NCSD: _____

Job Title: _____ Status: _____

Work Location _____ Dept: _____

Home Address: _____

Home #: () _____ Work #: () _____ Cell #: () _____

E-Mail: (Work) _____ (Home) _____

Supervisor: _____ Manager: _____

Steward: _____ Chief Steward: _____

Description: _____

Statement of Grievance: _____

Contract Section Violated: _____

Action or Settlement Requested by Member:

Grievant Signature: _____

Chief Steward Signature: _____