



Grievance Report Number

Frontier Communicatins Corporation

## GRIEVANCE REPORT

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS		Local 543		16519 Victor St., Suite 304 Victorville, CA 92395	
Date Grievance Reported to Union:		Reported To (Name):			Union Title
Date Grievance Reported to Management:		Time :	Reported to (Name of 1 <sup>st</sup> Line Supervisor)		Department :
Grieving Employee	Seniority Date:	Job Title	Contract Article & Section/ Company Practice or Policy Art:		Date of Informal Meeting
<b>SPECIFIC NATURE OF GRIEVANCE</b>					
<b>MANAGEMENT POSITION</b>					
<b>UNION POSITION</b>					
<b>STEP ONE</b>					
<b>Management Committee</b>		<b>Union Committee</b>		<b>Disposition</b>	<b>Date</b>
<b>STEP TWO</b>					
<b>Date of Settlement</b>		<b>Management Representative</b>		<b>Union Representative</b>	