

**BST/CWA**  
**Joint Grievance Brief**

**1. Grievance #:**

**2. Grievant's Name:**

**Work Address:**

**Home Address:**

**Phone #:**

**NCS Date:**

**Title:**

**Department:**

**Current Status:**

**3. Supervisor's Name:**

**Phone #**

**4. Steward's Name:**

**Phone # (404) 688-1256**

**Officer's Name:**

**Phone #:**

**5. Date Grievance occurred:**

**Date grievance filed:**

**Date grievance appealed:**

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**I. Issue or condition that prompted grievance**

**II. Areas of Agreement**

**III. Areas in Dispute**

**IV. Company position**

**V. Union Position**

**VI. Proposed settlement by the Company**

**VII. Proposed settlement by the Union**

**VIII. Potential witnesses**

**IX. Documentation attached**