CWA Local 3102
Port Orange FL 32129

Informal Meeting Disposition

Grievant Name :_____

Date of Occurrence:_____

Steward's Name:_____

Article of Violation:_____

Date of Informal Meeting:_____

Company Attendees:_____

_____

Union Attendees:_____

_____

Outcome of Informal meeting:_____

_____

_____

_____

_____

_____

Please check one of the following: **Settled** _____ **Appealed** _____

_____ _____

Company Signature **Date**

_____ _____

Union Signature **Date**