

**Form A**

**(Arbitrations)**

**1. Name, number and location of Local:**

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**2. Name, address, FAX and phone number of contact person in the local:**

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**3. Name and location of company:**

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**4. Name (s) of grievant (s):**

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**5. Brief statement of the issue (e.g., discharge without just cause; violation of outside activities clause, etc.):**

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**6. Brief statement of the facts (simply, what happened):**

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**7. Brief statement of the Union's position:**

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**8. Brief statement of the Company's position:**

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**9. What was the disposition of the grievance in the steps preceding arbitration:**

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**10. On what basis has the Local decided to take this case to arbitration:**

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**11. Specify the section or sections of the contract that have been violated:**

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**12. On what dates did the Local file for arbitration, or on what date does the Local intend to file, in accordance with procedures set forth in its collective bargaining agreement:**

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**13. Indicate what financial or other assistance is sought from TNG-CWA:**

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**14. Indicate any other relevant information which TNG-CWA should consider in evaluating this request:**

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**Attach to this Form a copy of the entire applicable collective bargaining agreement, copies of all correspondence between the grievant, the Local and the Company on this case, and other documents that may be relevant.**

**Signed For The Local:**

By \_\_\_\_\_  
(Print Name Below Line)

Office Or Position \_\_\_\_\_

Date: \_\_\_\_\_