

DEX MEDIA GRIEVANCE REPORT

UNION LOCAL NUMBER:
DATE OF OCCURRENCE: ONGOING
UNION CASE NUMBER:

BUSINESS UNIT: DEX MEDIA, INC
TRACKING NUMBER:

GRIEVANT NAME (IF APPLICABLE)	TOE	Problem Solving Meeting Date:
___All Affected Employees___		___N/A___

STATEMENT OF GRIEVANCE/ARTICLE OR SECTION VIOLATED:

UNION RESOLUTION

SIGNED UNION REPRESENTATIVE	PRINT NAME Jana Smith-Carr	DATE 8/28/07	PHONE NUMBER 303-770-2822
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COMPANY DISPOSITION STEP ONE	DATE MEETING HELD:		
SIGNED COMPANY REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER

UNION ___ ACCEPTS ___ REJECTS ___ APPEALS			
SIGNED UNION REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER

COMPANY DISPOSITION – STEP TWO			DATE MEETING HELD:
SIGNED COMPANY REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER
UNION _____ ACCEPTS _____ REJECTS _____ APPEALS			
SIGNED UNION REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER

COMPANY DISPOSITION – STEP THREE			DATE MEETING HELD:
SIGNED COMPANY REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER
UNION _____ ACCEPTS _____ REJECTS _____ APPEALS			
SIGNED UNION REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER