



**Record of Grievance
Between
Communications Workers Of America (CWA)
And
AT&T Mobility**

	CW Grievance Number	District Grievance	
1. Grievance Occurred	Date _____ Department: _____		
	Specific Location & State _____		Local _____
2. Grieving Employee or Work Group Involved	Name of Employee or Work Group: _____		
	Job Title: _____		NCS: _____
3. Union's Statement of what happened	_____		

4. Specific Contract Article involved	_____ and any other applicable articles.		
5.	Date of Informal _____	Date 1st Step Requested _____	Date 1st Step Held _____
6. Company's Statement of what happened.	_____		

7. Proposed Disposition 1st level	_____		

	Signed (Co Rep) _____		Date _____
8.	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Appealed to 2nd Level		Signed (CWA Rep) _____
			Date _____
9. Proposed Disposition 2nd Level	_____		

		Signed (Co Rep) _____	Date _____
10.	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Request Mediation <input type="checkbox"/> Request Arbitration		
			Signed (CWA Rep) _____
			Date _____

Prepare 3 Copies

Record of Grievance (Cont'd)

11. Company's Position 1st Level		
		Signed (Co Rep)
12. Union's Position 1st Level		
		Signed (CWA Rep)
13. Company's Position 2nd Level		
		Signed (Co Rep)
14. Union's Position 2nd Level		
		Signed (CWA Rep)

When sufficient space is not available, make attachments as necessary to this form. Attachments should include letters, parties' position at each meeting, statements, affidavits, and other pertinent information.

Three copies of this form are to be submitted to the Company at the initial step of presentation. Two should be returned to the Union Representative showing the proposed disposition. One copy will be returned to the Company showing the proposed disposition of the grievance, i.e. accepted, rejected, or appealed. Each representative will forward one copy to the next higher level of organization as appropriate.