

## Record of Grievance Between

## **Communications Workers Of America (CWA)**

## And AT&T Mobility

		CW Grievano	ce No.	District G	rievance	No.			
		Date:	De	epartment:					
1. Grievance Occurred		Specific Location & State: Local:				Local:			
2 Culouina Employee		Name of Employee or Work Group:							
2. Grieving Employee or Work Group Involved		Job Title:	NCS:						
3. Union's Statement of what happened									
4. Specific Contract Article involved		and any other applicable articles							
5.	Date of Informa	Date 1st Step Requested:				Date 1st Step H	leld:		
6. Company's Statement of what happened.									
7. Proposed									
Disposition 1st level		Signed (Co Rep)					Date:		
8. Accepted Rejected Appealed to 2nd Level Signed (CWA Rep)									
							Date:		
9. Propos 2nd Lev	ed Disposition vel								
		Signed (Co Rep)					Date:		
10.	☐ Accepted	Rejected Request Mediation Request Arbitration							
				Signed (CW	/A Rep)				
	Prepare 3	3 Copies		Date:					

## **Record of Grievance (Cont'd)**

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

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.