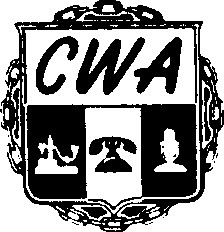
**Record of Grievance**



**Between**

**Communications Workers Of America (CWA)**

**And**

**AT&T Mobility**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | CW Grievance No. District Grievance No. | | | | | | |  | |
| **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.** | Accepted  Rejected  Appealed to 2nd Level | | | | | | Signed (CWA Rep) | | | | |
|  | | | | | | | | | | | Date | |
| **9. Proposed Disposition 2nd Level** | | | |  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | Signed (Co Rep) Date | | | | | | | | |
| **1 0.** | | Accepted Rejected Request Mediation Request Arbitration | | | | | | | | | |
| Prepare 3 Copies | | | | | | Signed (CWA Rep) | | | | | | |
| Date | | | | | | |

Form date: 04/04/16

Record of Grievance (Cont'd)

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