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.	☐ Accepted ☐ Rejected ☐ Appealed to 2nd Level	Signed (CWA Rep)	
		Date	
9. Proposed Disposition 2nd Level			
	Signed (Co Rep)	Date	
10.	☐ Accepted ☐ Rejected ☐ Request Mediation ☐ Request Arbitration	Signed (CWA Rep)	
	Prepare 3 Copies	Date	

Form date: 04/04/16