



Record of Grievance
Between
Communications Workers Of America (CWA)
And
Cingular Wireless



	CW Grievance Number	District Grievance Number	
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		
Prepare 3 Copies		Signed (CWA Rep)	
		Date	

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.

