



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
	Signed (CWA 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
	Signed (CWA 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