

# Record Of Grievance Between Communications Workers Of America (CWA) And BellSouth Telecommunications, Inc. (BST)

This Space For CWA Staff Office Use Only

Received
Card
Final Disposition
Codes

**To be assigned by CWA Staff Office**  
Grievance Number \_\_\_\_\_

<b>1. Grievance Occurred</b>	Date _____	Specific Location & State _____
	Department _____	*Title Involved If Applicable _____ Local No. _____
<b>2. **Grieving Employee or Work Group Involved</b>	Name Of Employee Or Work Group Address _____ Department _____	
	Job Title _____	Seniority Date _____
<b>3. Union's Statement Of What Happened</b>	_____ _____ _____	
<b>4. Specific Basis Of Grievance Or Section Of Contract Involved</b>	_____ and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.	
<b>5.</b>	Date of Informal Meeting _____	Fsyr 3G3R Issued _____ Date Second Step Meeting Held _____ Originated By (Union Representative) _____
<b>6. Company's Statement Of What Happened</b>	_____ _____ _____	
<b>7. Proposed Disposition - Second Level</b>	_____ _____ Signed (Company Representative) _____ Date _____	
<b>8.</b>	Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Appealed <input type="checkbox"/> Requested Mediation <input type="checkbox"/>	Signed (Union Representative) _____ Date _____
<b>9. Mediation</b>	Date Requested _____ Date Held _____	Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Appealed <input type="checkbox"/>
<b>10.</b>	True Intent Question Exists: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Signed (Union Representative) _____ Date _____	Signed (Company Representative) _____ Date _____
<b>11. Proposed Disposition - Third Level</b>	_____ _____ Signed (Company Representative) _____ Date _____	
<b>12.</b>	Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Appealed to 4th Level (BST Only) <input type="checkbox"/> Applicable to contract interpretation only Arbitration Requested (See Lines 16 & 17) <input type="checkbox"/>	Signed (Union Representative) _____ Date _____
<b>13. Mediation</b>	Date Requested _____ Date Held _____	Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Appealed <input type="checkbox"/>
<b>14. Proposed Disposition - Fourth Level</b>	_____ _____ Signed (Company Representative) _____ Date _____	
<b>15.</b>	Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested <input type="checkbox"/>	Signed (Union Representative) _____ Date _____

**Prepare 3 copies**

