### FOR DISTRICT USE ONLY

## GRIEVANCE NO.

**ARBITRATION NO.**

# TOP LEVEL GRIEVANCE REFERRAL

**CWA STAFF REPRESENTATIVE:**

|  |  |  |
| --- | --- | --- |
| **Grievant’s Name:** ­­ | **District:** 9 | **Local:**  9588 |

|  |  |
| --- | --- |
| **Local Grievance No:** | **Co. Grievance No:** |

**Type of Case:**  **Suspension**  **Termination**  **Other**

**\*\* If Suspended, How many days?**

**\*\* If Termination, or Demotion Effective Date?**

**Company Name:**  **Verizon**  **AT&T Mobility**  **AT&T (formerly SBC)**

**(Cingular)**

**Avaya**  **Lucent  Legacy AT&T**

**Other (CSI)**        **Public Sector**

**Date of Occurrence or Discovery:**

**Occurrence Location:**

**City:**

**Date of Last Step:**

|  |  |
| --- | --- |
| **Met With:** | **Title:** |

**Contract Articles Violated:**

**Company Polices/Practices Violated:**

**Laws Violated:**

**GRIEVANT’S INFORMATION:**

|  |  |
| --- | --- |
| **Address:** | **City/Zip:** |

|  |  |
| --- | --- |
| **Social Security #:** | **Age/Sex/Race:** |

**Seniority Date:**

**Job Title:**

|  |  |
| --- | --- |
| **Current Wage: $** | **Per:**  **Week**  **Month** |

|  |  |  |
| --- | --- | --- |
| **Home No:** (    ) | **Work No:** (   ) | **Cell No:** (   ) |

**Nature of the Grievance: (a SHORT summary):**

**DEADLINE TO NOTIFY COMPANY OF HEARING AT TOP LEVEL:**

**If the grievance is from a bargaining unit other than SBC, ATT, at&t Mobility/Cingular or Verizon, the local MUST include, in the grievance packet, photocopies of the page(s) of the contract that contain the grievance /arbitration appeal language.**

**CHRONOLOGICAL SUMMARY OF FACTS:**

**COMPANY CASE SUMMARY:**

**UNION CASE SUMMARY:**

**HISTORY OF PAST DISCIPLINE(S):**

**HISTORY OF PAST AWARDS/COMMENDATIONS:**

**COMPANY POSITION:**

**UNION PROPOSAL FOR SETTLEMENT:**

**Why do you believe we will prevail if taken to arbitration**:

**Submitted by:** **Date:**

**cc:**