**Local Log Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grievance Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (For CWA Use Only) (For HR Department Use Only)

**Frontier – Wisconsin**

**Record of Grievance**

**CWA Local 4671**

**Grieving Employee or Work Group Involved:**

**Job Title:** **Service Date:**

**Department:**  **Work Group Location:**

**Originated By/Union Representative:**

**Presented To (Appropriate Management Employee):**

**Date Grievance Occurred:** **Date Grievance Filed:**

**Statement of Grievance - What does the Union say is the complaint or issue to be resolved?**

**Settlement Requested – What does the Union want the Company to do, and for whom, to settle this grievance?**

**Facts of the Grievance – Union’s description of the particular incident or series of incidents which caused this grievance to be presented. List names, dates, times, locations, and all other pertinent facts.**

**Issue Resolution Step – Documentation of Those in Attendance at This Meeting**

**Union Representative:**

**Date of the Meeting:**

**Management Employee:**

**Grievant Present: (check one) yes\_\_\_ no**\_\_\_

**Issue Resolution Step Disposition: (check one) Appealed:** \_\_\_\_ **Recessed:\_\_\_\_**

**Date:**

**Management Employee’s Response/Position at the Issue Resolution Step is UNSATISFACTORY because:**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Present to appropriate second level manager and/or department head**

**Formal Step 1 – Company Representative’s Answer: (Return original form to Local Union President)**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Formal Step 1 Disposition: (check one) Appealed: \_\_\_ Recessed: \_\_\_ Settled:\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_**

**Company Representative’s Answer at Formal Step 1 is UNSATISFACTORY because:**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appealed to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Present to the Frontier Labor Relations Manager**

**Formal Step 2 – Labor Relations’ Answer: (Return original to Local Union President)**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Formal Step 2 Disposition: (check one) Appealed: \_\_\_ Recessed: \_\_\_ Settled: \_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**(To Arbitration)Appealed to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**