
CWA Local 4501

Member Contract Survey 2024



1. What changes would you like to see in our contract? _____ Article #

Please describe the change and why it is needed:

If more space is needed, please attach a separate page.

2. Have you or another employee or steward ever filed a grievance referring to the article you want changed?

If so, please attach a copy and describe the outcome of the grievance:

3. What wage increases or other economic benefits (e.g., shift differential or leave benefit) would you like to put in our contract?

Please describe the increases or benefits, how they would fit into the current wage/benefit package and why they are needed:

If more space is needed, please attach a separate page.

4. Have you or another employee or steward ever filed a grievance or other administrative or court action over a pay or economic benefit and the article or appendix related to the pay/benefit?

If so, please attach a copy and describe the outcome of the grievance/legal action:

5. Have you ever had an illness that seemed job-related? Yes ____ No ____

If yes, please describe any symptoms you have had (for example, coughing, back pain, wrist pain, dizziness, etc.) and how they seemed related to your job:

6. Do you work with chemicals? Yes ____ No ____

If yes, please list the chemical names:

7. Have you ever been trained in toxic chemicals and other hazards in this workplace?

Yes ____ No ____

If yes, please describe the training:

8. Do you use personal protective equipment (PPE), like a respirator, hard hat, or gloves?

Yes ____ No ____

If yes, please list:

9. If you use PPE, do you always receive the right equipment and is it in good condition?

Yes ____ No ____

If no, please describe:

10. Has OSHA or the Bureau of Workers Compensation/Public, Employee Risk Reduction office ever conducted an inspection of your workplace?

Yes ____ No ____

If yes, please describe:

11. Please describe any areas or conditions in your workplace that you consider hazardous.

12. What do you think is the most important health and safety improvement needed in this workplace?

13. Do you know of any coming workplace changes that might affect worker health and safety?

Yes ____ No ____

What changes do you expect, and what problems might they cause?

14. What would like to see more from your union CWA?

15. Do you know the Stewards in your area?

16. Are there any current issues in your area that need addressing?

17. How can CWA assist you?

18. Do you believe you are properly classified? If not, state why not

Name *(optional)* _____

Work Location and Department _____

Job Title _____ Years at This Job _____