

NOTIFICATION OF AT&T GRIEVANCE

DATE INCIDENT OCCURRED: _____ GRIEVANCE NO. _____
NAME OF GRIEVANT: _____ SERVICE DATE: _____
WORK LOCATION _____ JOB TITLE _____
CWA REPRESENTATIVE FILING: _____ DATE: _____
SUPERVISOR GRIEVANCE PRESENTED TO: _____ DATE: _____
E-MAIL: _____ CELL#: _____
OFFICE#: _____ FAX#: _____

NATURE OF GRIEVANCE: VIOLATION OF ARTICLE 1,2,3,7 AND ANY OTHERS THAT MAY APPLY, VIOLATIONS OF ALL APPLICABLE M.O.A.'S AND/OR STATE OR FEDERAL LAWS.

DOCUMENTATION: _____ SUSPENSION - NO. OF DAYS _____
 WARNING : _____ DISMISSAL _____
 OTHER: _____

RELEVANT INFORMATION NEEDED:

ATTENDANCE CALENDARS COPY OF WARNING
 EMPLOYEE'S EVALUATIONS (CURRENT & PAST) ANY/ALL WITNESS STATEMENTS
 ACCIDENT REPORT ALL RELATED INFORMATION
 ALL DOCUMENTS RELIED UPON/USED TO MAKE MANAGEMENT DECISION ALL RECORDS OF INTERVIEW
 RELEVANT POLICY AND/OR PROCEDURES VIOLATED OTHER: _____
 ALL FILES ON ANY MEDIUM: _____

RELEASES NEEDED FOR _____ **RELEASE#** _____
_____ **RELEASE#** _____
_____ **RELEASE#** _____

SETTLEMENT REQUIRED: MAKE WHOLE IN EVERY WAY, INCLUDING:

(CHECK APPROPRIATE BOX):

REINSTATE IMMEDIATELY WITH NO LOSS OF SENIORITY OR BENEFITS
 DESTROY ALL RECORDS/DOCUMENTATION RELATED TO GRIEVED INCIDENT
 PAY ALL LOST WAGES/BENEFITS
 REMOVE WARNING
 OTHER: _____

FINAL DATE FOR REQUESTED INFORMATION (10 DAYS): _____

FINAL DATE FOR STEP 1 MEETING (15 DAYS): _____

MEETING DATE _____ **DISPOSITION** _____

RESOLVED? YES NO IF NOT, WHY? _____

REFERRED TO LOCAL BY _____ **DATE:** _____

CWA LOCAL 9003
825 S. Victory Blvd., Burbank, CA 91502
818-845-9003 Fax 818-845-9006
info@cwa9003.org

