



SUPERVISOR: _____ PHONE # _____
 MANAGER: _____ PHONE # _____
 DISTRICT: _____ PHONE # _____

**AT&T OPERATIONS CONTRACT
 GRIEVANCE FORM**

LOCAL # **6450** _____

LOCAL CASE # _____

NATIONAL CASE # _____

S.S. # ____ / ____ / ____

1. NAME OF GRIEVANT _____ SENIORITY DATE _____

2. AGE _____ SEX _____ RACE _____

3. JOB TITLE _____ BASE PAY _____ CO. DEPT _____

4. CITY _____ WORK LOCATION _____

5. DATE INCIDENT OCCURRED _____ (SEE ARTICLE 9.10)

6. STEWARD TAKING COMPLAINT _____ DATE RECEIVED _____

7. DATE COMPANY NOTIFIED OF GRIEVANCE _____ (SEE ARTICLE 9.10)

8. COMPLAINT

9. ARTICLE VIOLATION _____

10. WHAT PAST PRACTICES APPLY

11. WHAT SETTLEMENT IS EXPECTED _____

12. COMPANY ANSWER AT FIRST STEP _____

13. COMPANY ANSWER AT SECOND STEP _____

14. DISPOSITION AT LOCAL LEVEL _____

Grievance meeting minutes documentation, copies of appeal letters, and rationale for appealing to the third step are attached.

LOCAL PRESIDENT: _____ DATE: _____

GRIEVANT'S AUTHORIZATION TO OBTAIN PERSONAL RECORDS

I do hereby grant permission for the union to examine, review, and obtain copies, where they are necessary, of any and all portions of my personal records, maintained by the company, necessary to process a grievance in my behalf. I understand all information and discussions of a personal nature pertaining to these records or copies of same will be held in strict confidence unless otherwise stated by me.

Signature of Grievant _____ Date _____

GRIEVANT'S AUTHORIZATION FOR MEDICAL RECORDS

I do hereby grant permission for the union to examine, review, and obtain copies, where they are necessary, of any and all portions of my medical records, maintained by the company, necessary to process a grievance in my behalf. I understand all information and discussions of a personal nature pertaining to these records or copies of same will be held in strict confidence unless otherwise stated by me.

Signature of Grievant _____ Date _____

Note: Please Print

Name _____

Address _____

City _____

State _____ Zip _____

Home Telephone _____

RECEIVED	ASSIGNMENT		
<u>DATE</u>	DATE	STEWARD	
<u>STEWARD</u>	DATE	PICKED UP	STEWARD
	DATE	DELIVERED	STEWARD

You MUST keep the Union advised of address changes.

LATEST FIRST STEP GRIEVANCE MEETING

FOR UNION

FOR COMPANY

_____	_____	_____	_____
_____	_____	_____	_____
NAME	TITLE	NAME	TITLE
DATE _____	TIME STARTED _____	TIME ENDED _____	
WRITTEN NOTIFICATION OF APPEAL TO SECOND STEP _____			(SEE ARTICLE 9.10)

LATEST SECOND STEP GRIEVANCE MEETING

FOR UNION

FOR COMPANY

_____	_____	_____	_____
_____	_____	_____	_____
NAME	TITLE	NAME	TITLE
DATE _____	TIME STARTED _____	TIME ENDED _____	
PRESIDENT'S APPEAL TO CWA STAFF _____			(SEE ARTICLE 9.10)

OTHER MEETINGS AND INQUIRIES

FOR UNION

FOR COMPANY

_____	_____	_____	_____
_____	_____	_____	_____
NAME	TITLE	NAME	TITLE
DATE _____	TIME STARTED _____	TIME ENDED _____	
PURPOSE _____			