

LOCAL



AT&T Grievance Form

350 West 31st Street, 2nd Fl, New York NY 10001
(212) 633-2666 FAX (212) 633-8337

Grievance Number _____

Chief Steward Name _____

Call Center Retail Network

Grievant Name _____

Grievant Contact cell/email _____

Net Credit Service Date ___/___/___ Work location _____

Grievance Title _____

Article _____ Grievance Date: ___/___/___

Presented to Company contact _____

Stewards Name and contact _____ / _____

First Step Date ___/___/___

Present
Union _____ Company _____

Outcome ___ Hold ___ Sustained ___ Mutually Resolved
 ___ Denied ___ Withdrawn Without Prejudice

Recommend ___ No Further Action ___ Appeal to _____

Second Step Date ___/___/___ Presented To _____

Present
Union _____ Company _____

Outcome: ___ Hold ___ Sustained ___ Mutually Resolved
 ___ Denied ___ Withdrawn Without Prejudice

Recommend ___ No Further Action ___ Appeal to _____