

**LOCAL**



# AT&T Grievance Form

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

Grievance Number \_\_\_\_\_

Chief Steward Name \_\_\_\_\_

Call Center     Retail     Network     Work from Home

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                  \_\_\_ Denied                      \_\_\_ Withdrawn Without Prejudice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                  \_\_\_ Denied                      \_\_\_ Withdrawn Without Prejudice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 \_\_\_\_\_