



**CWA Local 9510
Step I Grievance Form**

Local Grievance # _____

- AT&T SBC Global
 AT&T Mobility AT&T Legacy T

Please provide the following information regarding the grieving employee:

Employee Name: _____ Last 4 of Social Security #: _____
 Work Location: _____ City: _____
 NCS Date: _____ Job Title: _____
 Work Phone #: __ (____) _____ Home Phone #: __ (____) _____

Please provide the following information regarding the incident and your meeting(s):

Incident Date: _____ Date Union Notified: _____
 Date Company Notified: _____ Article(s) Violated: _____
 Filing Steward: _____ Union Committee: _____
 Supervisor: _____ Company Committee: _____
 District Manager: _____ Department: _____
 Date(s) Met: _____ Problem Solved or Step 1

Violation: _____

Company Position: _____

Union Position: _____

Disposition: Resolved Escalate Resolution: _____

***PLEASE RETURN GRIEVANCE FORM, MEETING MINUTES AND DOCUMENTATION TO THE LOCAL OFFICE
WITHIN THREE DAYS OF GRIEVANCE MEETING***