



**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***