AT&T MOBILITY GRIEVANCE FORM

UNION LOCAL NUMBER:	UNION CASE NUMBER:
☐ DISCIPLINE ☐ OTHER GRIEVANCE	ORGANIZATION:
DATE OF OCCURRENCE:	TRACKING NUMBER:
GRIEVANT (IF APPLICABLE) SOCIAL SECURITY NUMBER TOE	

STATEMENT OF GRIEVANCE/ARTICLE OR SECTION VIOLATED:			
UNION RESOLUTION:			
SIGNED-UNION REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER

COMPANY DISPOSITION – STEP ONE		Meeting Date:	
SIGNED-COMPANY REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER

UNION: ☐ ACCEPTS ☐ REJECTS ☐ APPEALS			
SIGNED-UNION REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER

COMPANY DISPOSITION – STEP TWO:			
SIGNED-COMPANY REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER
UNION: ☐ ACCEPTS ☐ REJECTS ☐ APPEALS			
SIGNED-UNION REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER
COMPANY DISPOSITION – STEP THREE:			
SIGNED-COMPANY REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER
UNION: ☐ ACCEPTS ☐ REJECTS ☐ APPEALS ☐ INTENDS TO ARBITRATE			
SIGNED-UNION REPRESENTATIVE	PRINT NAME	DATE	PHONE NUMBER

jl,
opeiu3, afl-cio