



Grievance info sheet for Local 3204

Phone# (404)688-1256 Fax# (404) 688-6236

Grievance # \_\_\_\_\_ Grievance taken by \_\_\_\_\_

Grievant's name \_\_\_\_\_ Member status (YES) (NO) SSN Last 4 \_\_\_\_\_

Date of occurrence \_\_\_/\_\_\_/\_\_\_ Date called/Fax'd \_\_\_/\_\_\_/\_\_\_

Grievant's Personal info

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Personal email \_\_\_\_\_

Work email \_\_\_\_\_

Company info

At&t \_\_\_\_\_ YP \_\_\_\_\_ PM \_\_\_\_\_ Mobility \_\_\_\_\_ Avaya \_\_\_\_\_

Work location \_\_\_\_\_ Dept \_\_\_\_\_ Floor \_\_\_\_\_

Job title \_\_\_\_\_ Seniority date \_\_\_\_\_ Work hours \_\_\_\_\_

1st Level supervisor \_\_\_\_\_ Phone# \_\_\_\_\_

2nd Level supervisor \_\_\_\_\_ Phone# \_\_\_\_\_

3rd Level supervisor \_\_\_\_\_ Phone# \_\_\_\_\_

Step of discipline

Counseling \_\_\_\_\_ Warning \_\_\_\_\_ LILO suspension \_\_\_\_\_ Suspension \_\_\_\_\_ Termination \_\_\_\_\_

Step of discipline (MOBILITY ONLY)

Counseling \_\_\_\_\_ Written Warning \_\_\_\_\_ Final Written Warning \_\_\_\_\_ Suspension \_\_\_\_\_ Termination \_\_\_\_\_

Nature of grievance

\_\_\_\_\_  
\_\_\_\_\_

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Local 3204 use only

Date of informal meeting \_\_\_/\_\_\_/\_\_\_ Date of formal meeting \_\_\_/\_\_\_/\_\_\_

Date 3G3R & 3G3A submitted \_\_\_/\_\_\_/\_\_\_

Date assigned to CVP \_\_\_/\_\_\_/\_\_\_ CVP assigned \_\_\_\_\_

Date assigned to steward \_\_\_/\_\_\_/\_\_\_ Steward assigned \_\_\_\_\_

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I hereby give consent to the inspection by any authorized Union Representative of any records kept by the company which may affect to conditions of my employment including security reports, medical records, opinions, police reports, court records or reports, or any other information which may be relevant and necessary to allow the Union to protect my rights under the working agreement between the Union and the company.

This authorization is given in accordance with the existing agreement between the Union and the company.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

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