STATEMENT OF OCCURRENCE
LOCAL 3122 GRIEVANCE FORM
(AT&T Wireless)

Name:_____ Email: _____

Home Address:_____ City:_____ State:____ Zip: _____

Home Phone: _____ Cell Phone: _____ Seniority Date: _____

Job Title: _____ Work Address: _____

Supervisor: _____ Work /Cell Phone: _____

Discipline level? Counseling___Warning_____Final_____Termination_____

Give complete statement of facts concerning the grievance condition that exists

The following is a statement of what happened to me on_____20___, which action was in violation of article_____of the Working Agreement

_____

_____

_____

_____

_____

_____

_____

_____

_____

Grievant Signature: _____ Date: _____

Note: Use additional pages if necessary for grievant or list of witnesses.

_____

I, _____, the undersigned, do hereby grant permission for all Union Representatives involved to examine, review and obtain copies when necessary, of any and all portions of my personal and/or medical records maintained by the Company, which are necessary to process a grievance in my behalf. I understand all information and discussions of a personal nature pertaining to these records or copies of same will be held in strict confidence unless otherwise stated by me.

Grievant Signature:_____ Date:_____