



**CWA Local 13500 – AT&T Division**  
**412-821-2070 Office**  
**412-821-1409 Fax**



**Grievance # \_\_\_\_\_**

**CWA Grievance Form for AT&T Bargaining Unit Members**

**Grievant Name \_\_\_\_\_ AT&T UUID \_\_\_\_\_ NCS Date \_\_\_\_\_**

**Home Phone \_\_\_\_\_ Alternate Contact Number \_\_\_\_\_**

**Work Location: 1500 Penn Avenue, Pittsburgh, PA, 15222      Work Phone: 412-803-5020**

**Chief Steward / Steward: \_\_\_\_\_**

**Issue or Condition that created this grievance: \_\_\_\_\_**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(please attach additional sheets if necessary)*

**Remedy Sought: \_\_\_\_\_**  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, do hereby authorize CWA Local 13500 and its agents to examine, review, and obtain any and all parts (as necessary) of my employee file, and any medical or FMLA information which is maintained by the Company, in order to process this grievance on my behalf. I understand that any information obtained and discussions of a personal nature pertaining to the records or copies of the same will be held in strict confidence unless otherwise authorized by me.

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

**The following section to be completed by the Union Officer(s) hearing this grievance**

	<u>Step 1</u>	<u>Step 2</u>	<u>Step 3</u>
Submitted	_____	_____	_____
Meeting Date	_____	_____	_____
Decision	_____	_____	_____
Attendees	_____	_____	_____
	_____	_____	_____
	_____	_____	_____