AT&T Mobility

To: *Click here to enter text*

Date: *Click here to enter text*

**REQUEST FOR FORMAL GRIEVANCE MEETING**

**TO BE COMPLETED BY JOB STEWARD**

1. Name of Grievant(s):

*Click here to enter text*

1. Date of Informal Meeting with Management:

*Click here to enter text*

1. Company Representative(s) in Attendance:

***(Note Spokesperson with a checkmark)***

*Click here to enter text*

1. Union Representative(s) in Attendance:

*Click here to enter text*

1. Grievant(s) in Attendance:

*Click here to enter text*

1. Issue Involved**/**Contract Section Involved:

*Click here to enter text*

1. Date Grievance Occurred:

*Click here to enter text*

1. Meeting Requested: Date: *Click here to enter text*

 Time: *Click here to enter text*

 Place: *Click here to enter text*

1. Union Representative who will attend: *Click here to enter text*

**TO BE COMPLETED BY LOCAL PRESIDENT OR HIS/HER DESIGNEE**

1. Grievant(s) who will attend: *Click here to enter text*

1. Reply to Request should be directed to:

Name: *Click here to enter text* Address: *Click here to enter text*

 (*Street / City / State / Zip)*

1. Additional Information Relevant to Grievance:

*Click here to enter text*

1. Reply to request should be directed to:

Name: *Click here to enter text* Address: *Click here to enter text*

 (*Street / City / State / Zip)*

 *Signature*

*Note: This form must be filed with the Operations Manager within fourteen (14) days following the Informal meeting.*