

STATEMENT OF OCCURRENCE LOCAL 3122 GRIEVANCE FORM

(AT&T Wireless)

Name:		Email:			
Home Address:		City:	State:	Zip:	
Home Phone:	Cell Phone:		Seniorit	y Date:	
Job Title:	Work Addre	ss:		,	
Supervisor:	Work	:/Cell Phone	» <u> </u>		
	Discipline level? CounselingWarnin	gFinal	Termination		
Give c	omplete statement of facts concer	rning the grie	vance condition	that exists	
The following is a s Working Agreemen	tatement of what happened to me ont	2 <u>0</u> , which	action was in viola	tion of articleof the	
			r.		
	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
	Grievant Signature:			Date:	
Note: Use addition	onal pages if necessary for grievant	or list of witn	nesses.		
maintained by the	, the und c, review and obtain copies when necessa Company, which are necessary to proc sonal nature pertaining to these records o	ess a grievance	in my behaif. I u	nderstand all information and	
	Grievant-Signature:			Date:	