

STANDARD GRIEVANCE FORM

Use additional pages for any section of this form, if necessary

NAME OF EMPLOYEE [REDACTED]		OFFICE TELEPHONE 918-687-2393
OFFICE LOCATION Muskogee, OK	POSITION CR	GRADE 11
REPRESENTED BY: <input type="checkbox"/> SELF <input checked="" type="checkbox"/> UNION	REPRESENTATIVE NAME RALPH C de JULIIS, EVP, AFGE LOCAL 2505	REP TELEPHONE 918-581-6300

Description of grievance. What article(s) of the Agreement are involved?

On or about November 3, 2003, Muskogee District Manager Joe Deschaine spoke with my co-worker, Bill Miller about me, without my knowledge or consent. At that time DM Deschaine violated my rights under the National Agreement and under the Privacy Act by telling Mr. Miller that a sanction would be taken against me. He then conspired to cover-up and conceal said violations by telling Mr. Miller that Mr. Miller could not say anything to me about the incident.

By those actions, SSA has violated the Privacy Act, Article 1, Section 1, Article 2, A and B, Article 3, Section 1, Section 2 (including but not limited to subparts A and I), Section 4 (including but not limited to subparts A and D, Section 5 and Section 6 (including but not limited to subparts B and G).

This grievance is timely because of (1) SSA's deliberate efforts to conceal and cover-up the violation and (2) I filed this grievance within 15 work days of my finding out about it. (See Article 24, Section 7.A.)

An oral presentation is requested. Please contact AFGE's representative in this matter to arrange for the oral presentation.

Relief sought:

The maximum permitted under the Privacy Act \$10,000; discipline for the management officials involved in the original violation and the subsequent conspiracy to conceal the violation, purging of all records and a bar against their use against me in any manner or fashion.

I hereby authorize my representative to examine any appropriate official document, personnel record, or medical information which may be related to the grievance.

EMPLOYEE SIGNATURE [REDACTED]		DATE Jan. 14, 2004
STEP 1 SUBMITTED		
SUPERVISOR	TELEPHONE	DATE RECEIVED
		ORAL PRESENTATION REQUESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO