



**COMMUNICATIONS WORKERS OF AMERICA**

**LOCAL 9415 GRIEVANCE REQUEST FORM**

**This form is to be filled out by members who have a problem. Please provide the following information and give to your steward.**

**Name:** \_\_\_\_\_

**(First)**

**(Middle)**

**(Last)**

**Home Address:** \_\_\_\_\_

**(street; city; state; zip)**

**Home Phone:**(\_\_\_\_\_) \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Alternate or Relatives Phone #:**(\_\_\_\_\_) \_\_\_\_\_

**NCS Date:** \_\_\_\_\_ **Title** \_\_\_\_\_ **Rate of Pay** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**(street; city; state; zip)**

**Work Phone:**( ) \_\_\_\_\_ **Hours of Work:** \_\_\_\_\_

**1st Line Mgr:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**2nd Line Mgr:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**District Mgr:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**INCIDENT DATE:** \_\_\_\_\_ **NATURE OF PROBLEM:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESIRED SETTLEMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**STEWARDS NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Grievance number: \_\_\_\_\_



**COMMUNICATIONS WORKERS OF AMERICA**

**LOCAL 9415 (510) 834-9415**

**GRIEVANT'S AUTHORIZATION TO OBTAIN PERSONAL RECORDS**

**I do hereby grant permission for the Union to examine, review, and obtain copies, where they are necessary, of any and all portions of my personal records, maintained by the company, necessary to represent me. 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.**

**Social Security Number:** \_\_\_\_\_

**Signature of Grievant:** \_\_\_\_\_

(Grievant must keep the Union advised of address changes)

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

**GRIEVANT'S AUTHORIZATION FOR MEDICAL RECORDS**

**I do hereby grant permission for the Union to examine, review, and obtain copies, where they are necessary, of any and all portions of my personal records, maintained by the company, necessary to represent me. 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.**

**Social Security Number:** \_\_\_\_\_

**Signature of Grievant:** \_\_\_\_\_

(Grievant must keep the Union advised of address changes)

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



