



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: _____



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AGGRIEVED'S STATEMENT

Explain your side of what happened. Please be as factual as possible. List any witnesses on the reverse side of this form. Sign and date each page of your statement.

Lined area for writing the statement.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

STEWARD: _____ DATE RECEIVED: _____

GRIEVANCE NUMBER: _____

AGGRIEVED’S STATEMENT CONTINUED:

SIGNATURE: _____ **DATE:** _____

List all witnesses and where they can be reached:

<u>Name</u>	<u>Phone Number</u> <u>work/home</u>	<u>Address</u> <u>work/home</u>