CWA LOCAL 9423
GRIEVANT'S STATEMENT

Name(Grievant):_____ Work Location:_____

Home Address:_____ City:_____ Zip:_____

Work Phone#:_____ Home Phone#:_____

Job Title:_____ Immediate Supervisor:_____

Employer:_____ District Manager(or equivalent):_____

The following is a statement of what happened to me on (date):_____

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This authorizes any certified CWA Representative to have copies of any of my records that may affect my condition of employment. This includes personnel records, accident reports, police reports, court records, medical records or opinions, security reports or any records necessary and relevant to protect may rights under the Collective Bargaining Agreement and any Labor Laws that may apply.

SIGNED:_____ **Soc. Security#:**_____

DATE:_____ **Rate of Pay:**_____ **Seniority Date (NCS):**_____