

*Communications Workers of America, Local 3371*  
*Ashland, Kentucky*

X

## REQUEST For GRIEVANCE

Company \_\_\_\_\_

State clearly what happened in detail and in chronological order to the best of your ability. Please give dates, list of pertinent information and /or conversations between you and management that led to the grievance. Get statements from witnesses (if any) especially in case of suspension and/or termination. Return this completed form, ASAP, to you Union Representatives to protect your time limits. Use additional paper if needed to explain your situation. This information is kept confidential. Thank you.

Print Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_

Pager/Cell \_\_\_\_\_ Social Security Number \_\_\_\_\_

Net Credit Service Date \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Work Hours \_\_\_\_\_

Company \_\_\_\_\_ Department \_\_\_\_\_ Job Title \_\_\_\_\_

Work Location \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

I do hereby request that CWA, Local 3371 initiate a grievance on my behalf for the following reasons:

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\_\_\_\_\_  
Grievant's Signature

\_\_\_\_\_  
Steward's Signature

Date \_\_\_\_\_

Date \_\_\_\_\_