



**Communications  
Workers of America**  
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## GRIEVANCE REQUEST

Date \_\_\_\_\_

To: \_\_\_\_\_  
Supervisor Telephone #

From: \_\_\_\_\_  
Union Representative Telephone #

Grievants Name(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_

Issue Grieved:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contract Article / Unfair Treatment:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Remedy Sought:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_