LOCAL 2001, CWA

GRIEVANT'S STATEMENT

NAME _____ **SOCIAL SECURITY #** _____-_____-_____

HOME ADDRESS _____, _____

(Grievant must keep the Union advised of address changes)

WORK LOCATION _____ **HOME PHONE**_____

SENIORITY DATE _____ **JOB TITLE**_____

WORK PHONE: _____ **PAGER:** _____ **CELL PHONE:** _____

SUPERVISOR'S NAME _____ **PHONE**_____

Following is a statement of what happened to me on: _____
(Date)

_____

_____

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_____

USE ADDITIONAL SHEETS IF NECESSARY - DO NOT WRITE ON THE BACK

Signature of Grievant _____ **Date** _____

RELEASE OF PERSONNEL AND/OR MEDICAL RECORDS

I, _____, the undersigned, do hereby grant permission for all Union Representatives involved to examine, review and obtain copies, when necessary, of any and all portions of my personnel and/or medical records maintained by the Company, which are necessary to process a grievance in my behalf. This authorization is given in accordance with the existing Agreement between the Union and the Company.

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.

SIGNED_____ **DATE**_____/_____/_____