

## Notification of Grievance and Documentation Request



To: \_\_\_\_\_ Date Notified: \_\_\_/\_\_\_/\_\_\_

Aggrieved: \_\_\_\_\_ Work Location: \_\_\_\_\_

Date of Occurrence: \_\_\_/\_\_\_/\_\_\_ Articles Violated: \_\_\_\_\_

Nature of Grievance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

***Please provide the Communications Workers of America Local 9510 with the following documentation and/or information:***

- Worksheets, *specifically*: \_\_\_\_\_
- Disciplinary Memos, *specifically*: \_\_\_\_\_
- Commendations, *specifically*: \_\_\_\_\_
- Training Records, *specifically*: \_\_\_\_\_
- Medical Records (*release attached*): \_\_\_\_\_
- Attendance Records, *specifically*: \_\_\_\_\_
- Performance Reviews, *specifically*: \_\_\_\_\_
- Time Records, *specifically*: \_\_\_\_\_
- Overtime Records, *specifically*: \_\_\_\_\_
- Company Policy, *specifically*: \_\_\_\_\_
- Department Policy, *specifically*: \_\_\_\_\_
- Investigation Notes, *specifically*: \_\_\_\_\_
- Witness Statements, *specifically*: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please provide the requested information no later than \_\_\_\_\_.*

Thank you for your cooperation.

Requested by: \_\_\_\_\_ Title: \_\_\_\_\_