



**COMMUNICATIONS WORKERS OF AMERICA, AFL-CIO**

LOCAL 2336-DISTRICT 2-13

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## GRIEVANCE REQUEST

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_ (SUPERVISOR)

**TEL#/EMAIL:** \_\_\_\_\_ (SUPERVISOR)

**FROM:** \_\_\_\_\_ (UNION REPRESENTATIVE)

**TEL#/EMAIL:** \_\_\_\_\_ (UNION REPRESENTATIVE)

**GRIEVANTS NAME:** \_\_\_\_\_

**DATE OF OCCURRENCE:** \_\_\_\_\_

**ISSUE GRIEVED:** \_\_\_\_\_

\_\_\_\_\_

**CONTRACT ARTICLE/UNFAIR TREATMENT:** \_\_\_\_\_

\_\_\_\_\_

**REMEDY SOUGHT:** \_\_\_\_\_

\_\_\_\_\_