

## GRIEVANCE CHECKLIST

THIS CHECKLIST SHOULD BE USED TO ENSURE A COMPLETE GRIEVANCE FILE. PLEASE CHECK OFF EACH ITEM TO MAKE SURE YOU HAVE THE INFORMATION REQUIRED.

THE FOLLOWING DOCUMENTATION MUST BE INCLUDED IN EACH GRIEVANCE FILE ALONG WITH THIS CHECKLIST:

- \_\_\_\_\_ COPY OF GRIEVANCE/DISCUSSION NOTIFICATION
- \_\_\_\_\_ LOCAL 1400 GRIEVANCE RECORD
- \_\_\_\_\_ ALL NOTES FROM GRIEVANCE MEETING
- \_\_\_\_\_ GRIEVANCE PREPARATION OUTLINE
- \_\_\_\_\_ COPIES OF EMAILS OR ANY WRITTEN NOTIFICATION FROM MANAGEMENT THAT SUPPORTS THE CASE

IN DISCIPLINE CASES THE FOLLOWING MUST ALSO BE INCLUDED:

- \_\_\_\_\_ GRIEVANT STATEMENT
- \_\_\_\_\_ COPY OF THE REQUEST FOR PERSONNEL RECORDS
- \_\_\_\_\_ ANY AND ALL PERSONNEL RECORDS (INCLUDING 1477, OBS, PERFORMANCE REVIEWS AND PLANS, ALL LETTERS IN FILE AND ANY MISCELLANEOUS RECORDS)
- \_\_\_\_\_ COPY OF SECTION OF CODE OF CONDUCT OBTAINED FROM MANAGEMENT IF APPLICABLE
- \_\_\_\_\_ STATEMENT FROM WITNESSES, IF ANY

IN ANY CASE INVOLVING DISABILITY, DISABILITY PAY, FMLA OR A CHRONIC MEDICAL CONDITION, THE FOLLOWING MUST ALSO BE INCLUDED:

- \_\_\_\_\_ SIGNED COPY OF THE REQUEST FOR MEDICAL RECORDS
- \_\_\_\_\_ ANY SUPPORTING MEDICAL DOCUMENTATION THE MEMBER HAS AVAILABLE

*Communications Workers  
of America, AFL-CIO*



LOCAL 1400  
155 WEST ROAD  
PORTSMOUTH, NEW HAMPSHIRE 03801  
PHONE (603) 436-4388 FAX (603) 436-2962  
Email: [clocal1400@aol.com](mailto:clocal1400@aol.com) Website: [www.cwalocal1400.org](http://www.cwalocal1400.org)

## **GRIEVANCE DISCUSSION NOTIFICATION**

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

MANAGEMENT PERSON NOTIFIED: \_\_\_\_\_

THIS IS TO INFORM YOU THAT THE FOLLOWING UNION OFFICIALS:

\_\_\_\_\_  
\_\_\_\_\_

ARE HEREBY REQUESTING, AT YOUR EARLIEST CONVENIENCE:

(A) \_\_\_\_\_ A MEETING TO HEAR GRIEVANCE(S) \_\_\_\_\_

(B) \_\_\_\_\_ A DISCUSSION MEETING

THE SUBJECTS WE WILL BE DISCUSSING ARE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

THE CONTRACT PROVISIONS INVOLVED ARE: \_\_\_\_\_

\_\_\_\_\_

\* And any others that may apply, including past practices and any federal or state laws.



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

**LOCAL 1400 GRIEVANCE RECORD**

COMPANY \_\_\_\_\_ GRIEVANCE NUMBER \_\_\_\_\_  
INCIDENT DATE \_\_\_/\_\_\_/\_\_\_ GRIEVANCE HEARD DATE: \_\_\_/\_\_\_/\_\_\_

GREIVANT NAME \_\_\_\_\_ WORK LOCATION \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ SENIORITY DATE \_\_\_/\_\_\_/\_\_\_  
RATE OF PAY \_\_\_\_\_ STEWARD \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
HOME EMAIL ADDRESS \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_

ISSUE GRIEVED \_\_\_\_\_  
REMEDY SOUGHT \_\_\_\_\_

**STEP 1** MEETING REQUESTED \_\_\_/\_\_\_/\_\_\_ MEETING HELD \_\_\_/\_\_\_/\_\_\_  
PRESENT: UNION \_\_\_\_\_ COMPANY \_\_\_\_\_  
COMPANY RESPONSE: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

**STEP 2** MEETING REQUESTED \_\_\_/\_\_\_/\_\_\_ MEETING HELD \_\_\_/\_\_\_/\_\_\_  
PRESENT: UNION \_\_\_\_\_ COMPANY \_\_\_\_\_  
COMPANY RESPONSE: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

**STEP 3** MEETING REQUESTED \_\_\_/\_\_\_/\_\_\_ MEETING HELD \_\_\_/\_\_\_/\_\_\_  
PRESENT: UNION \_\_\_\_\_ COMPANY \_\_\_\_\_  
COMPANY RESPONSE: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

RECOMMEND FOR ARBITRATION YES \_\_\_ NO \_\_\_ REASON \_\_\_\_\_  
FINAL DISPOSITION \_\_\_\_\_

\*PLEASE FILL OUT AS COMPLETELY AS POSSIBLE AND SEND TO LOCAL 1400





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## **GRIEVANCE AUTHORIZATION TO OBTAIN PERSONNEL RECORDS**

I DO HEREBY GRANT PERMISSION FOR THE UNION TO EXAMINE, REVIEW AND OBTAIN COPIES, WHERE THEY ARE NECESSARY, OF ANY KIND AND ALL OF MY PERSONNEL RECORDS THAT ARE MAINTAINED BY THE COMPANY WHICH ARE NECESSARY TO PROCESS GRIEVANCES OR INQUIRIES ON MY BEHALF.

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.

NAME OF GRIEVANT \_\_\_\_\_ OFFICE \_\_\_\_\_

SIGNATURE OF GRIEVANT \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

MANAGER SIGNATURE \_\_\_\_\_

DATE RECORDS GIVEN TO UNION \_\_\_\_/\_\_\_\_/\_\_\_\_

REQUESTED BY (NAME OF UNION OFFICIAL) \_\_\_\_\_

DATE REQUESTED \_\_\_\_/\_\_\_\_/\_\_\_\_

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**GRIEVANT AUTHORIZATION FOR MEDICAL RECORDS**

I DO HEREBY GRANT PERMISSION FOR THE UNION TO EXAMINE, REVIEW AND OBTAIN COPIES, WHERE THEY ARE NECESSARY, OF ANY AND ALL PORTIONS OF MY MEDICAL RECORDS, MAINTAINED BY THE COMPANY, NECESSARY TO PROCESS A GRIEVANCE ON MY BEHALF. 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.

NAME OF GRIEVANT (PRINT) \_\_\_\_\_

SIGNATURE OF GRIEVANT \_\_\_\_\_

OFFICE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY NUMBER OF GRIEVANT \_\_\_\_\_

MEDICAL RECORDS SHOULD BE MAILED TO:  
DON TREMENTOZZI, PRESIDENT  
CWA LOCAL 1400  
155 WEST ROAD  
PORTSMOUTH, NH 03801

MANAGER SIGNATURE \_\_\_\_\_

DATE RECORDS GIVEN TO UNION \_\_\_\_/\_\_\_\_/\_\_\_\_

REQUESTED BY (NAME OF UNION OFFICIAL): KERI EVINSON

DATE REQUESTED \_\_\_\_/\_\_\_\_/\_\_\_\_



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**GRIEVANT PARTICIPATION CONSENT FORM**

I, \_\_\_\_\_, would/would not like to participate in my  
GRIEVANT NAME Circle One

Grievance hearing. \_\_\_\_\_  
GRIEVANCE NUMBER

\_\_\_\_\_  
Grievant Signature Date

\_\_\_\_\_  
Steward/DVP Signature Date

Grievant Home Email Address \_\_\_\_\_

Grievant Contact Number \_\_\_\_\_

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**DO NOT WANT TO FILE A GRIEVANCE FORM**

I, \_\_\_\_\_ do not want to file a grievance for the  
issue listed below:

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\_\_\_\_\_

Member Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_

Steward/DVP Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

