

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
- _____ 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 ATTENDANCE, 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 Website: 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: _____

GRIEVANCE/DISCUSSION STATUS

GRIEVANCE NUMBER _____

NAME OF UNION OFFICIAL _____

DISCUSSION/REQUEST FOR FILES _____

GRIEVANCE COMPLETED _____

APPEAL TO SECOND STEP _____

AMEND GRIEVANCE TO REFLECT TERMINATION _____

COMMENTS:

PLEASE ATTACH ANY DOCUMENTATION YOU HAVE TO THIS FORM

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: ___/___/___ _____

RECOMMEND FOR ARBITRATION YES ___ NO ___ REASON _____
FINAL DISPOSITION _____

CWA LOCAL 1400
GRIEVANT STATEMENT

THIS FORM MUST BE COMPLETED FOR ALL DISCIPLINARY CASES
STATEMENT MUST BE AS FACTUAL AS POSSIBLE

SIGNATURE OF GRIEVANT _____ DATE ____ / ____ / ____
CAN BE REACHED NUMBER _____

IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH MORE PAGES.

WITNESS STATEMENTS ARE EXTREMELY IMPORTANT. MAKE CERTAIN ALL
WITNESS STATEMENTS ARE SIGNED AND DATED.

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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/STEWARD _____ DATE ____/____/____

MANAGER SIGNATURE _____

DATE RECORDS GIVEN TO UNION ____/____/____

REQUESTED BY (NAME OF UNION OFFICIAL) _____

DATE REQUESTED ____/____/____

Records requested: Attendance Observations Training Entire File Other: _____

Please send to:

Karen Cusson
c/o CWA Local 1400
155 West Road
Portsmouth, NH 03801

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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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ARTICLE 7 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:

Member Signature

____/____/____
Date

Steward/DVP Signature

____/____/____
Date

