



COMMUNICATIONS WORKERS OF AMERICA LOCAL 9421, AFL-CIO-CLC

2725 EL CAMINO AVE . SACRAMENTO, CALIFORNIA 95821 . (916) 484-9421

EMPLOYEE GRIEVANCE REQUEST

Grievance#: _____ Type of Grievance: Discipline _____ Other _____

Employee's Name: _____ SSN: _____

Date of Incident/Discovery: _____ NCS/Seniority Date: _____

Home Address: _____

Work Address: _____

Job Title: _____ Weekly Pay: _____

Supervisor: _____

Contact information: Work#: _____ Cell#: _____
Home#: _____ email: _____

**Grievance Issue: Employee Statement / Contract Violation / Articles Violated
(Attach Additional Pages if Necessary)**

Remedy Sought

Grievance Presented to: _____ Date: _____