

*Communications Workers  
of America, AFL-CIO*



LOCAL 1400  
155 WEST ROAD  
PORTSMOUTH, NEW HAMPSHIRE 03801  
(603) 436-4388  
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### Article 24 Consent Form

I, \_\_\_\_\_ would/would not like to  
Grievant Name circle one

participate in my grievance hearing. \_\_\_\_\_  
Grievance number

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
grievant e-mail

\_\_\_\_\_  
grievant contact number