

*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