



COMMUNICATIONS WORKERS OF AMERICA, AFL-CIO, LOCAL _____

GRIEVANCE RELEASE FORM

Member Name: _____ SSN: _____

Office: _____ NCS Date: _____

I do not want my Union, the Communications Workers of America, AFL-CIO, Local _____ to represent me or to file a grievance on my behalf in the matter of:

The Union has not refused or failed to fairly represent me concerning this matter and I hereby waive any claim against the Union, its Representatives, Shop Stewards, and/or its Officers relating to the handling of this matter.

Signature: _____

Date: _____

Witness: _____