GRIEVANCE AUTHORIZATION
2009-2010 SCHOOL YEAR

Please print this form, fill in and include copies of all pertinent documentation i.e, check stubs, etc. Fax this form and any related material to 312-329-6203.

Chicago Teachers Union
222 Merchandise Mart Plaza, Suite 400
Chicago, IL 60654

Date: _____

Name: _____

Board ID: _____ Home phone: _____

Home address: _____

City: _____ State: _____ Zip: _____

School: _____ Position: _____

I, hereby, authorize Chicago Teachers Union to file a grievance on my behalf.

Signature: _____ Date: _____

Use the space below or on an additional sheet of paper, if necessary, to describe your complaint.

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