GRIEVANCE AUTHORIZATION

Please fill out this form and fax it to the CTU. Include copies of all pertinent documentation.

Chicago Teachers Union
222 Merchandise Mart Plaza, Suite 400
Chicago, IL 60654
Fax # 312.329.6203

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 to describe your complaint. You may use additional sheets of paper, if necessary.

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