

NALC BRANCH 2200 - GRIEVANT INFORMATION

PLEASE PRINT - Filling out all information will help us to process your grievance. Thank You!

Grievant's Name:

Home Address:

City, State, Zip:

Home Phone:

Cell Phone:

Email Address:

Post Office City/Station/Zip:

Employee ID#:

Off Days - Rotating Letter:

Status (Circle): Regular Carrier or CCA

Veteran (Circle): Yes No

Other Notes: