GRIEVANCE AUTHORIZATION

Please fill out and fax or mail this form to Chicago Teachers Union.
Include copies of all pertinent documentation (i.e., check stubs, etc.)

Chicago Teachers Union
1901 W. Carroll Ave.
Chicago, IL 60612-2401
Fax # 312-329-6203

NAME _____

SCHOOL _____

EID # _____ POSITION _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME/CELL PHONE _____

PERSONAL EMAIL ADDRESS (not @cps.edu) _____

I hereby authorize Chicago Teachers Union to file a grievance on my behalf.
☐ **I also give permission to the Chicago Teachers Union to request a copy of my summative rating if needed.**

SIGNATURE _____ DATE _____

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

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