

# Grievance Hearing Authorization

Date: [Insert Date]

To: [Recipient Name]

[Recipient Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Subject: Authorization for Grievance Hearing

Dear [Recipient Name],

I, [Your Name], hereby authorize [Authorized Representative's Name], to represent me during the grievance hearing scheduled for [Date of Hearing]. This authorization includes the right to present information, discuss my case, and make decisions on my behalf regarding the grievance process.

Please provide [Authorized Representative's Name] with any necessary documentation or information related to this case.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]