

# Grievance Resolution Authorization Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I, [Your Name], hereby authorize [Authorized Person's Name] to act on my behalf regarding the grievance resolution related to [brief description of the grievance].

This authorization includes, but is not limited to, the ability to communicate with relevant parties and to access necessary documents related to the grievance.

Details of the grievance are as follows:

- Grievance Reference Number: [Insert Number]
- Date of Filing: [Insert Date]
- Description: [Brief Description of the Grievance]

This authorization is effective as of [Start Date] and will remain in effect until resolved or until I provide written notice to revoke this authorization.

Thank you for your attention to this matter.

Sincerely,

[Your Signature] (if sending a hard copy)

[Your Printed Name]