

STATEMENT OF OCCURRENCE

LOCAL _____ LOCAL TELEPHONE NO. _____

NAME	ADDRESSSTREET / CITY / STATE / ZIP CODE			
WORK LOCATION		SIREEI/G	JITY/STATE/ZIP CODE	
	T / CITY / STATE / ZIP CODE NCS DATE			
			HONE NO	
	TITLE PHONE NO			
			HE GRIEVANCE CONDITION THAT EXISTS	
	nappened to me on	20	, which action was in violation of Article	
of the Working Agreement.				
NOTE: List Witnesses on Reverse Use back if more space is	e Side needed for grieving party's stateme	nt		
	g pa, a cancerna			
SIGNED GRIEVANT			Date	
employment, which may include Sec may be relevant and necessary to allo	urity Reports, Medical Records or Op	oinions, Police Re For the Working A	cords kept by the Company which may affect the conditions of my eports, Court Records or Reports, or any other information which greement between the Union and the Company. This authorization	
SIGNED GRIEVANT			Date	

(Continuation of Grievant's Statement)				
SIGNED GRIEVANT	1	Date		
LIST ANY WITNESS	TITLE	_ PHONE NO		
	TITLE	_ PHONE NO		
	TITLE	_ PHONE NO		
	TITLE	_ PHONE NO		

Attach Statement of Witnesses.