

STATEMENT OF OCCURRENCE

LOCAL	LOCAL TELEPHONE NO.		
NAME We	ORK ADDRESS:		
HOME ADDRESS			
	NCS DATE		
PERSONAL CELL	PERSONAL EMAIL		
DEPARTMENT	TITLE		
SUPERVISOR'S NAME	PHONE NO.		
GIVE COMPLETE STATEMENT OF FA	CTS CONCERNING THE GRIEVANCE CONDITION THAT EXISTS		
The following is a statement of what happened to me of the Working Agreement.	, 20, which action was in violation of Article		
NOTE: List Witnesses on Reverse Side Use back if more space is needed for grieving party's In the event that your home address changes, you m	s statement nust notify your CWA Local in order to receive correspondence regarding this grievance		
SIGNED GRIEVANT	Date		
employment, which may include Security Reports, Medical Record	n Representative of any records kept by the Company which may affect the conditions of my ds or Opinions, Police Reports, Court Records or Reports, or any other information which may be inder the Working Agreement between the Union and the Company. This authorization is given in e Company.		

SIGNED GRIEVANT		Date	
LIST ANY WITNESS	TITLE		PHONE NO
	TITLE		_ PHONE NO
	TITLE		PHONE NO

Attach Statement of Witnesses.