

STATEMENT OF OCCURRENCE

		LOCAL		HONE NO
NAME			WORK ADDRESS:	STREET CITY STATE ZIP CODE
		STREET CITY STATE ZIP C		SIREEL GIT SIATE ZIP ODE
				 L
SUPERVISOR'S NAME PHONE NO				10NE NO
	GIVE CO	MPLETE STATEMENT	OF FACTS CONCERNIN	NG THE GRIEVANCE CONDITION THAT EXISTS
The follo	wing is a statement of v	what happened to me		, 20, which action was in violation of Article
of the W	orking Agreement, and	any other applicable	Article(s), Section(s), Te	erms, or Conditions of the Collective Bargaining Agreement.
NOTE:	List Witnesses on Rev Use back if more space In the event that your	ce is needed for grieving	party's statement you must notify your CWA	Local in order to receive correspondence regarding this grievance
SIGNED	GRIEVANT			Date
which manecessar	ay include Security Repo	orts, Medical Records or C rotect my rights under the V	Dpinions, Police Reports, Co	cords kept by the Company which may affect the conditions of my employment ourt Records or Reports, or any other information which may be relevant and the Union and the Company. This authorization is given in accordance with the

_____ Date____

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

Attach Statement of Witnesses.