

STATEMENT OF OCCURRENCE

Please fill in the following information. Be as complete as possible.

Name _____

Manager _____

Telephone _____

Date of Occurrence _____

Address _____

Today's Date _____

NCS Date _____

Union Rep Submitted To _____

Email _____

Description of Incident:

(USE ADDITIONAL PAGES IF NECESSARY)

RELEASE OF PERSONAL AND/OR MEDICAL RECORDS

I, _____, the undersigned, do hereby grant permission for all union representatives involved to examine, review and obtain copies when necessary, of any and all portions of my personal and/or medical records maintained by the Company, which are necessary to process a grievance on my behalf.

I understand all information and discussions of a personal nature pertaining to these records or copies of same will be held in strict confidence unless otherwise stated by me.

SIGNED: _____

DATE: ____/____/____

