

_____ 45th day

**COMMUNICATIONS WORKERS OF AMERICA
LOCAL 6327
STATEMENT OF OCCURRENCE**



Name: _____ **Seniority Date:** _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ **Work Phone:** _____

Job Title: _____ **Supervisor:** _____

Work Location: _____ **Dept:** _____

The following is a statement of what happened to me on _____
(Exact date occurred)

**** Statement must be as factual as possible. If additional space is needed, please use additional paper. Witness statements are extremely important. Make certain all witness statements are attached, signed, and dated. Please advise what you want the union to do for you; i.e., I want my records corrected, I want to be paid, etc. Do not email this form-we must have the original, signed copy.**

I hereby request CWA Local 6327 to file a grievance on my behalf and grant my permission to examine, and obtain copies where necessary of any and all portions of my personal records maintained by the Company that 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 stated otherwise by me.

Signature of Grievant: _____ **Date:** _____