



STATEMENT OF OCCURRENCE

Local _____ Local Tel. No. _____

NAME _____

ADDRESS _____

HOME TEL. NO. _____ CELL _____

WORK LOCATION _____

SENIORITY DATE _____ NCS DATE _____

DEPARTMENT _____ TITLE _____

SUPERVISOR'S NAME _____ WORK TEL. NO. _____

GIVE A COMPLETE STATEMENT OF FACTS CONCERNING THE GRIEVANCE CONDITION THAT EXISTS

The following is a statement of what happened to me on _____, 20_____, which action was in violation of Article _____ of the Working Agreement.

Multiple horizontal lines for writing the grievance statement.

NOTE: All sections must be filled out. List any witnesses or additional information on reverse side.

SIGNED GRIEVANT _____ DATE _____

I hereby give consent to the inspection by any Union Representative of any records kept by the Company which may effect the conditions of my employment, which may include Security Reports, Medical Records or Opinions, Police Reports, Court Records of Reports, or any other information which may be relevant and necessary to allow the Union to protect my rights under the Working Agreement between the Union and the Company. This authorization is given in accordance with the existing agreement between the Union and the Company.

SIGNED _____ DATE _____