

STATEMENT OF OCCURRENCE

		LOCAL	LOCAL TELEPHON	E NO	
NAME:		WC	ORK ADDRESS:	REET / CITY / STATE / ZIP CO	200
		/ CITY / STATE / ZIP CO		REEL / CITY / STATE / ZIPO	-
					<u></u>
PERSONA	AL CELL:		_ PERSONAL EMAIL:		
DEPARTM	MENT:		TITLE:		
SUPERVI	SOR'S NAME:		PHONE	NO:	
	(GIVE COMPI	LETE STATEMENT OF F	ACTS CONCERNING TH	HE GRIEVANCE CONDITION T	HAT EXISTS)
				O, which action was in vio	
of the Wor	king Agreement, and any	other applicable Article(s), Section(s), Terms, or (Conditions of the Collective Bar	gaining Agreement.
		needed for grieving party's sta		der to receive correspondence regar	ding this grievance
SIGNED (GRIEVANT:			Date:	
which may necessary	include Security Reports,	Medical Records or Opinion of my rights under the Workin	ns, Police Reports, Court Re	ecords or Reports, or any other in	fect the conditions of my employme formation which may be relevant a ization is given in accordance with the

SIGNED GRIEVANT: _____ Date:_____

(Continuation of Grievant's Statement)			
SIGNED GRIEVANT:		Date:	
LIST ANY WITNESS:	TITLE:		PHONE NO:
	TITLE:		PHONE NO:
	TITI E:		PHONE NO:

Attach Statement of Witnesses.