



LOCAL 3111 772 464-3111 FAX 772 468-6606

e-mail address: cwa3111 @ bellsouth.net

STATEMENT OF OCCURRENCE

NAME _____ NCS _____

WORK LOCATION _____

WORK PHONE _____ HOME PHONE _____

HOME E - MAIL _____

JOB TITLE _____ DEPARTMENT _____

SUPERVISOR'S NAME _____ PHONE _____

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

I hereby give consent to the inspection by any authorized Union Representative of any records kept by the Company which may affect the conditions of my employment, which may include Security Reports, Medical Records or Opinions, Police Reports, Court Records or 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 GRIEVANT _____ DATE _____