

**DO NOT PROVIDE THIS DOCUMENT TO  
MANAGEMENT**

**STATEMENT OF OCCURRENCE**

**CWA  
LOCAL 6201**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

WORK LOCATION \_\_\_\_\_ PERSONAL TELEPHONE \_\_\_\_\_

SENIORITY DATE \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_

COMPANY \_\_\_\_\_ JOB TITLE \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

The following is a statement of what happened to me on \_\_\_\_\_ 20 \_\_\_\_\_

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I hereby give consent to the inspection by any authorized union representative of any records kept by the employer which may affect the conditions of my employment. This authorization is given in accordance with the existing agreement between the union and the employer.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Fill out both sides. Return to your Union Steward.

**WHO** is involved? \_\_\_\_\_  
\_\_\_\_\_

**WHO** from management is involved? \_\_\_\_\_  
\_\_\_\_\_

**WHO** are the witnesses? \_\_\_\_\_  
\_\_\_\_\_

**WHAT** happened? (If there was an incident, include WHERE and WHEN it took place.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHY**, is this a grievance? (contract violation, past practice, company rules, laws?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOW** do we want the company to make it right? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill out both sides. Return to your Union Steward.