STATEMENT OF OCCURRENCE

LOCAL _____ LOCAL TEL. # _____

NAME_____ ADDRESS: _____
Street

WORK LOCATION_____ _____
City State Zip Code

SENIORITY DATE _____ NCS DATE _____ WORK TEL. #_____ HOME TEL. #_____

DEPARTMENT_____ TITLE _____

SUPERVISOR'S NAME_____ TELEPHONE #_____

GIVE 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 .

NOTE: List Witnesses on Reverse Side
Use back if more space is needed for grieving party's statement.

Signed_____
Grievant (Date)

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_____
(date)