STATEMENT OF OCCURRENCE

LOCAL _____ **LOCAL TELEPHONE NO.** _____

NAME _____

ADDRESS _____
STREET / CITY / STATE / ZIP CODE

WORK LOCATION _____

SENIORITY DATE _____ NCS DATE _____

WORK TELEPHONE NO. _____ HOME TELEPHONE NO. _____

DEPARTMENT _____ TITLE _____

SUPERVISOR'S NAME _____ PHONE NO. _____

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 _____

(Continuation of Grievant's Statement)

SIGNED GRIEVANT _____ DATE _____

LIST ANY WITNESS: _____ TITLE _____ PHONE NO. _____

_____ TITLE _____ PHONE NO. _____

_____ TITLE _____ PHONE NO. _____

_____ TITLE _____ PHONE NO. _____

Attach Statement of Witnesses.