

STATEMENT OF OCCURRENCE

LOCAL _____ LOCAL TELEPHONE NO. _____

NAME	ADDRESS STREET / CITY / STATE / ZIP CODE			
WORK LOCATION		STREET/C	STY/STATE/ZIP CODE	
STRE	ET / CITY / STATE / ZIP CODE			
SENIORITY DATE				
	HOME TELEPHONE NO.			
	TITLE			
SUPERVISOR'S NAME		PHONE	E NO	
GIVE C	OMPLETE STATEMENT OF FACTS	CONCERNING TH	HE 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 Revers Use back if more space is	e Side s needed for grieving party's staten	nent		
SIGNED GRIEVANT			Date	
employment, which may include Se	curity Reports, Medical Records or low the Union to protect my rights ur	Opinions, Police Render the Working Ag	ords kept by the Company which may affect the conditions of my eports, Court Records or Reports, or any other information which greement between the Union and the Company. This authorization	
SIGNED GRIEVANT			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.