

STATEMENT OF OCCURRENCE

AME	WORK ADDRESS: STREET CITY STATE ZIP CODE		
OME ADDRESSSTREET CIT			
	NCS DATE ZIP CODE NCS DATE NCS DATE		
ERSONAL CELL	PERSONAL EMAIL		
EPARTMENT	TITLE		
JPERVISOR'S NAME	PHONE NO.		
GIVE COMPLETE S	ATEMENT OF FACTS CONCERNING THE GRIEVANCE CONDITION THAT EXISTS		
ne following is a statement of what happen	ed to me, 20, which action was in violation of Article		
the Working Agreement, and any other	applicable Article(s), Section(s), Terms, or Conditions of the Collective Bargaining Agreement.		
OTE: List Witnesses on Reverse Side Use back if more space is needed In the event that your home addre	for grieving party's statement ss changes, you must notify your CWA Local in order to receive correspondence regarding this grievance		
GNED GRIEVANT	Date		
	authorized Union Representative of any records kept by the Company which may affect the conditions of my employr		

_____ Date____

SIGNED GRIEVANT_____

(Continuation of Grievant's Statement)						
SIGNED GRIEVANT		Date				
LIST ANY WITNESS	TITLE		PHONE NO			
	TITLE		PHONE NO			
	TITI F		PHONE NO			

Attach Statement of Witnesses.