

STATEMENT OF OCCURRENCE

VAME
ADDRESS
WORK LOCATION
SENIORITY DATENCS DATE
DEPARTMENT
DEPARTMENT
SUPERVISOR'S NAME PHONE NO. GIVE COMPLETE STATEMENTS OF FACTS CONCERNING THE GRIEVANCE CONDITION THAT EXISTS The following is a statement of what happened to me on 20, which action was taken in violation of Article
The following is a statement of what happened to me on 20, which action was taken in violation of Article
of the Working Agreement.
IOTE: List Witnesses on Reverse Side Use back if more space is needed for grieving party's statement.
Use back in more space is needed for greening party's statement.
SIGNED GRIEVANT DATE
hereby give consent to the inspection by any authorized Union Representative ofr 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
nformation 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.

(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.			