STATEMENT OF OCCURRENCE

LOCAL 3106 **LOCAL TELEPHONE NO.** 904-384-2222 ofc 904-384-3106 fax

NAME_____ WORK ADDRESS:_____
STREET | CITY | STATE | ZIP CODE

HOME ADDRESS_____
STREET | CITY | STATE | ZIP CODE

SENIORITY DATE_____ NCS DATE_____

PERSONAL CELL_____ PERSONAL EMAIL_____

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_____, 20_____, which action was in violation of Article_____ of the Working Agreement, **and any other applicable Article(s), Section(s), Terms, or Conditions of the Collective Bargaining Agreement.**

NOTE: **List Witnesses on Reverse Side**
Use back if more space is needed for grieving party's statement
In the event that your home address changes, you must notify your CWA Local in order to receive correspondence regarding this grievance

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 GRIEVANT_____ Date_____