



STATEMENT OF OCCURRENCE

	LOCAL	LOCAL T	EL. #		
NAME		ADDRESS:			
WORK LO	CATION		Street City	State	Zip Code
SENIORITY D	DATE NCS DATE _	WORK	•		1
DEPARTME	NT	TITLE _			
SUPERVISO	R'S NAME	TELEPH	HONE #		
GIVE COMP	LETE STATEMENT OF FAC	CTS CONCERNIN	G THE GRIE	VANCE CONDITIO	ON THAT EXISTS
The following	g is a statement of what happen	ned to me on	20	which a	ction was in violation
of Article	of the Working	Agreement.			
. <u> </u>					
NOTE:	List Witnesses on Reverse S Use back if more space is ne grieving party's statement.	eeded for	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.