

STATEMENT OF OCCURRENCE

LOCAL TELEPHONE NO.

LOCAL _____

E: List Witnesses on Reverse Side Use back if more space is needed for grieving party's statement. ED GRIEVANT		
ADDRESS WORK LOCATION SENDINFTY DATE NOS DATE NO	NAME	EMAIL
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DEPARTMENT	SENIORITY DATE	NCS DATE
DEPARTMENT	WORK TELEPHONE NO	HOME TELEPHONE NO
LIPERVISOR'S NAME	DEPARTMENT	TITLE
GIVE COMPLETE STATEMENT OF FACTS CONCERNING THE GRIEVANCE CONDITION THAT EXISTS the following is a statement of what happened to me on		
E: List Witnesses on Reverse Side Use back if more space is needed for grieving party's statement. ED GRIEVANT DATE DATE by give consent to the inspection by any authorized Union Representative of any records kept by the Company which may affect the conditions of my which may include Security Reports, Medical Records or Opinions, Police Reports, Court Records or Reports, or any other information which may affect the Union to protect my rights under the Working Agreement between the Union and the Company. This authorization is given in with the existing agreement between the Union and the Company.	GIVE COMPLETE STATE	EMENT OF FACTS CONCERNING THE GRIEVANCE CONDITION THAT EXISTS
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