



Statement of Occurrence

Name _____ Local _____

Address _____

Phone Number _____ Email _____

Work Location _____ Seniority Date _____

Department _____ Supervisor's Name _____

Give a complete statement of facts concerning the grievance condition that exists

The following is a statement of what happened to me on _____ (date) which action was in violation of Article _____ of the Collective Bargaining Agreement

Multiple horizontal lines for writing the grievance statement.

NOTE: All sections must be filled out. List any witnesses or additional information on reverse side.

SIGNED GRIEVANT _____ Date _____

I hereby give consent to the inspection by any 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 of Reports, or any other information which may be relevant and necessary to allow the Union to protect my rights under the Collective Bargaining Agreement between the Union and the Company. This authorization is given in accordance with the existing agreement between the Union and the Company.

SIGNED _____ Date _____