

COMMUNICATIONS WORKERS OF AMERICA - CWA LOCAL 6402

STATEMENT OF OCCURRENCE

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOME TEL: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_ WORK TEL: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ TITLE: \_\_\_\_\_

SENIORITY DATE: \_\_\_\_\_ UNION CONTRACT YEAR: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ DATE OF OCCURRENCE: \_\_\_\_\_

45th DAY - COUNTING THE DAY OF OCCURRENCE: \_\_\_\_\_

DATE YOU SIGNED THIS FORM AND GAVE IT TO YOUR STEWARD: \_\_\_\_\_

TYPE OF MEETING - ( ie, UNIT, GROUP, SUPERVISORY, DISCIPLINARY ): \_\_\_\_\_

If disciplinary, were you so advised? YES NO If no, did you ask? YES NO

If yes, did you request representation? YES NO Who was your rep? \_\_\_\_\_

What is your resolve? \_\_\_\_\_

EXPLAIN WHAT HAPPENED WITH AS MUCH DETAIL AS YOU CAN OR IS RELEVANT



DO YOU HAVE IN MIND A SPECIFIC CHARGE OR VIOLATION? (For example: SPECIFIC ARTICLE OF THE CONTRACT, UNFAIR TREATMENT, ETC.): \_\_\_\_\_

X SIGNED: \_\_\_\_\_

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. This authorization is given in accordance with the existing agreement between the Union and Company.

X SIGNED: \_\_\_\_\_

STEWARD WHO TOOK THIS FORM FROM GRIEVANT: \_\_\_\_\_ A