Statement of Occurrence
CWA Local 2204

Name _____

Address _____

State / ZIP _____

Telephone _____ **(Home)** _____ **(Work)**

Pager _____ **Cell** _____**FAX** _____

Email _____@ _____

NCS (Seniority Date) _____

Job Title _____ **Department** _____

Supervisor _____ **Work Location** _____

Date of Occurrence _____

Grievant's Statement of What Happened (use other side and attach any supporting documents)

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Date _____ **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 and to release copies to the Union. This authorization is given in accordance with the existing Agreement between the Union and the Company.

Date _____ **Signed** _____