Form 3G30-2

Revised 05/20/2019

**STATEMENT OF OCCURRENCE**

**LOCAL**       **LOCAL TELEPHONE NO.**

NAME       WORK ADDRES:

 STREET | CITY | STATE | ZIP CODE

HOME ADDRESS

 STREET | CITY | STATE | ZIP CODE

SENIORITY DATE       NCS DATE

PERSONAL CELL       PERSONAL EMAIL

DEPARTMENT       TITLE

SUPERVISOR’S NAME       PHONE NO.

**GIVE COMPLETE STATEMENT OF FACTS CONCERNING THE GRIEVANCE CONDITION THAT EXISTS**

The following is a statement of what happened to me       , 20       , which action was in violation of Article

of the Working Agreement.

NOTE: List Witnesses on Reverse Side

 Use back if more space is needed for grieving party’s statement

 In the event that your home address changes, you must notify your CWA Local in order to receive correspondence regarding this grievance

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.

SIGNED GRIEVANT       Date

 (Continuation of Grievant's Statement)

SIGNED GRIEVANT       Date

LIST ANY WITNESS       TITLE       PHONE NO.

       TITLE       PHONE NO.

       TITLE       PHONE NO.

**Attach Statement of Witnesses.**