GRIEVANCE #_____
FOR OFFICE USE ONLY

STATEMENT OF OCCURRENCE

NAME: _____ DEPARTMENT: _____

HOME ADDRESS: _____ WORK PHONE: _____

_____ SUPERVISORS NAME: _____

HOME PHONE: _____ N.C.S. DATE: _____

WORK LOCATION: _____ TITLE: _____

********THIS DOCUMENT MUST BE SIGNED BY THE GRIEVANT********

The following is a statement of what happened to me on _____20_____

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I hereby give consent to the inspection by any authorized Union Representative of any records kept by the Company that 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.

SIGNED: _____ DATE: _____