



CWA LOCAL 2001

GRIEVANT'S STATEMENT OF OCCURENCE

NAME _____

HOME ADDRESS _____
(Grievant must keep the Union advised of address changes)

CITY, STATE & ZIP _____

CELL PHONE _____ WORK PHONE _____

PERSONAL EMAIL _____ HOME PHONE _____

WORK LOCATION _____ SENIORITY (NCS) DATE _____

WORK/JOB TITLE _____ LENGTH OF TIME IN TITLE _____
(if applicable)

SUPERVISOR'S NAME _____ PHONE _____

The following is a statement of what happened to me: _____
(Include the Date of Occurrence)

USE ADDITIONAL SHEETS IF NECESSARY – DO NOT WRITE ON BACK

Signature of Grievant _____ Date _____

RELEASE OF PERSONNEL AND/OR MEDICAL RECORDS

I, _____, the undersigned, do hereby grant permission for all Union Representatives involved to examine, review and obtain copies, when necessary, of any and all portions of my personnel and/or medical records maintained by the Company, which are necessary to process a grievance in my behalf. This authorization is given in accordance with the existing Agreement between the Union and the Company.

I understand all information and discussions of a personal nature pertaining to these records or copies of the same will be held in strict confidence unless otherwise stated by me.

SIGNED (Grievant) _____ DATE _____