

STATEMENT OF OCCURRENCE

MUST BE FILLED OUT COMPLETELY

CWA LOCAL 6215

TODAY'S DATE: _____ HOME# _____ MOBILE# _____

FULL NAME: _____ SOC. SEC.# _____

MAILING ADDRESS : _____

CITY: _____ ZIP CODE: _____ HIRE DATE: _____

PHYSICAL WORK ADDRESS : _____

SUITS ID/ATTUID : _____ JOB TITLE : _____

DEPT: _____ SUPERVISOR: _____

CHIEF STEWARD: _____ DATE OF ACTION TAKEN: _____

WHAT ARE YOU ACCUSED OF?

WHAT HAPPENED FROM YOUR POINT OF VIEW-ATTACH ADDITIONAL PAGES IF NEEDED?

I WAS: (CHECK BOX FOR ALL THAT APPLY)

<input type="checkbox"/> SUSPENDED	<input type="checkbox"/> TERMINATED	<input type="checkbox"/> PLACED ON DML	<input type="checkbox"/> BYPASSED	<input type="checkbox"/> OTHER
<input type="checkbox"/> WRITTEN REMINDER/WARNING	<input type="checkbox"/> FINAL WARNING	<input type="checkbox"/> PERFORMANCE NOTICE		

OTHER-PLEASE SPECIFY

PLEASE ATTACH ANY OTHER INFORMATION THAT MAY BE RELEVANT.

I HEREBY AUTHORIZE CWA LOCAL 6215 TO INSPECT AND/OR OBTAIN ALL RECORDS PERTAINING TO MY EMPLOYMENT. THIS INCLUDES, BUT IS NOT LIMITED TO, ALL PERSONAL FILES.

SIGNED: _____ DATE: _____

LIST PREFERRED OFFICER TO HANDLE THIS GRIEVANCE: _____

Additional Information: