

STATEMENT OF OCCURRENCE

		LOCAL	LOCAL TELEPHO	NE NO	
NAME		W	ORK ADDRES:		
		STREET CITY STATE ZIP CODE		STREET CI	TY STATE ZIP CODE
PERSON	IAL CELL		PERSONAL EMAIL_		
					EVANCE CONDITION THAT EXISTS
					, which action was in violation of Article
	5 5				
NOTE:	List Witnesses on Revoluse back if more space In the event that your h	e is needed for grieving party	's statement must notify your CWA Lo	cal in ord	er to receive correspondence regarding this grievance
SIGNED	GRIEVANT			D	ate
employmerelevant a	ent, which may include Se and necessary to allow th	ecurity Reports, Medical Recor	ds or Opinions, Police Render the Working Agreem	ports, Cou	kept by the Company which may affect the conditions of my urt Records or Reports, or any other information which may be en the Union and the Company. This authorization is given in

__ Date___

SIGNED GRIEVANT_

(Continuation of Grievant's Statement)		
SIGNED GRIEVANT	Date	
		PHONE NO
		PHONE NO
		PHONE NO

Attach Statement of Witnesses.