STATEMENT OF OCCURRENCE
CWA LOCAL 6132

FILED ____

RFI ____

NAME _____ **ADDRESS** _____

COMPANY _____ _____

USER ID _____ **HOME#** _____

PERSONAL EMAIL _____

DEPARTMENT _____ **TITLE** _____

WORK LOCATION _____ **SUPERVISOR** _____

SENIORITY/NCSD _____ **SUPERVISOR USER ID** _____

The following is a statement of what happened to me on _____ **20** _____
(Be Specific as to WHY you disagree with the Company's action and WHO was present or involved)

DISCIPLINE ____ **STEP** _____ **CONTRACT VIOLATION** ____ **OTHER** ____

RESOLVE: _____

Signed _____

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. This authorization is given in accordance with the existing agreement between the Union and the Company.

Signed _____

DATE RECEIVED _____/_____/_____ **FILE BY THIS DATE** _____/_____/_____