



STATEMENT OF OCCURRENCE

LOCAL 6210

Name: _____ Work Location: _____
 Address: _____ Title: _____
 Home Phone: _____ Work Phone: _____
 Email: _____ NCS Date: _____
 Supervisor's Name & Number: _____

GIVE COMPLETE STATEMENT OF FACTS CONCERNING THE GRIEVANCE CONDITION THAT EXISTS

The following is a statement of what happened to me on _____, 20____, which action was in violation of Article _____ of the Working Agreement, **and any other applicable Article(s), Section(s), Terms, or Conditions of the Collective Bargaining Agreement.**



Proposed Resolution/Remedy:

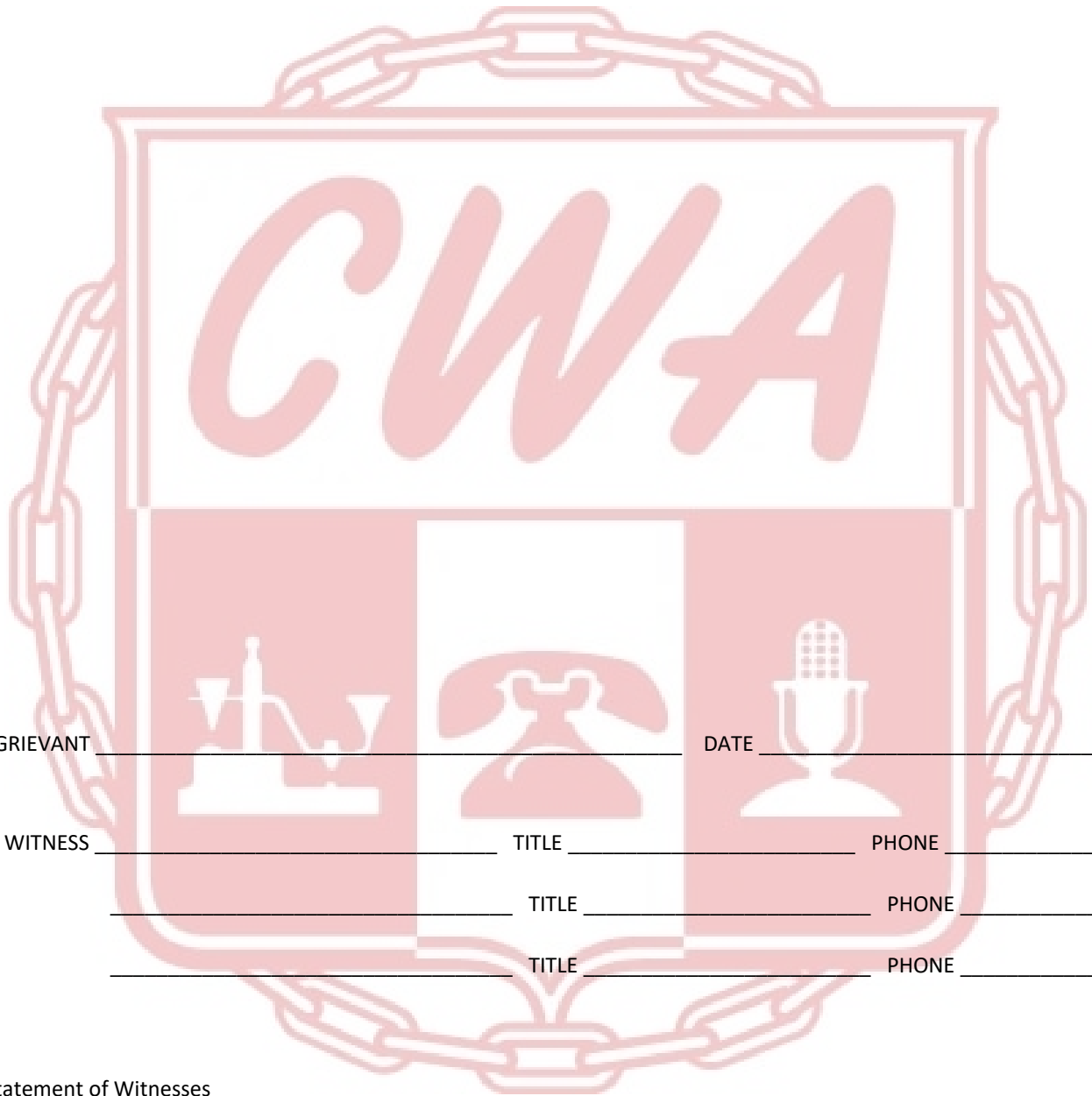
(If additional space is required, please use back)

List all information provided to Union Official:

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, which may include Security Reports, Medical Records or Opinions, Police Reports, Court Records or Reports, or any other information which may be relevant and necessary to allow the Union to protect my rights under the Working Agreement between the Union and the Company. This authorization is given in accordance with the existing agreement between the Union and the Company.

SIGNED GRIEVANT _____ DATE _____

UNION OFFICIAL ACKNOWLEDGEMENT _____ DATE _____



SIGNED GRIEVANT _____ DATE _____

LIST ANY WITNESS _____ TITLE _____ PHONE _____

_____ TITLE _____ PHONE _____

_____ TITLE _____ PHONE _____

Attach Statement of Witnesses