Form 3G30-2
Revised 8/02

STATEMENT OF OCCURRENCE

LOCAL_____ LOCAL TELEPHONE NO._____

NAME_____

ADDRESS_____

WORK LOCATION_____

SENIORITY DATE_____NCS DATE_____

WORK TELEPHONE NO._____HOME TELEPHONE NO._____

DEPARTMENT_____TITLE_____

SUPERVISOR'S NAME_____PHONE NO._____

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.

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NOTE: List Witnesses on Reverse Side

Use back if more space is needed for grieving party's statement.

SIGNED GRIEVANT_____DATE_____

I hereby give consent to the inspection by any authorized Union Representative of any records kept buy 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_____DATE_____

(Continuation of Grievant's Statement)

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SINED GRIEVANT_____DATE_____

LIST ANY WITNESS_____TITLE_____PHONE NO._____

_____TITLE_____PHONE NO._____

_____TITLE_____PHONE NO._____

_____TITLE_____PHONE NO._____

Attach Statement of Witnesses.