



Communications Workers of America  
Local 6001

## Statement of Occurrence

Name \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Home Address \_\_\_\_\_

Employee Number \_\_\_\_\_ Work Location \_\_\_\_\_

Seniority Date \_\_\_\_\_ Manager involved \_\_\_\_\_

The following is a statement of what happened to me on \_\_\_\_\_  
(Exact Date)

*\*\*Statement must be as factual as possible. Please advise what you want the union to do for you; i.e. I want my records corrected, I want to be paid, etc.\*\**

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I hereby request CWA Local 6001 to file a grievance on my behalf and grant my permission to examine, and obtain copies where necessary of any and all portions of my personal records maintained by the Company. This authorization is given in accordance with the existing agreement between the union and the employer.

Signature of Grievant: \_\_\_\_\_