

## STATEMENT OF OCCURRENCE

		LOCAL 3111	_ LOCAL TELEPH	ONE NO. <u>772 464-3111</u>	FAX 772 468-6606			
NAME		WO	RK ADDRESS:					
	DDRESSST			STREET   CITY   STATE   ZIP CODE				
			NCS DATE					
PERSON	NAL CELL		PERSONAL EMAIL					
DEPART	MENT		TITLE					
SUPERV	/ISOR'S NAME		PH	ONE NO				
	wing is a statement of what	happened to me			DITION THAT EXISTS was in violation of Article Collective Bargaining Agreement.			
					_			
NOTE:		needed for grieving party's		_ocal in order to receive cor	respondence regarding this grievance			
SIGNED GRIEVANT				Date				
which ma to allow t	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.							

Date\_\_\_\_

SIGNED GRIEVANT		Date	
LIST ANY WITNESS	TITLE		PHONE NO
	TITLE		PHONE NO
	TITLE		PHONE NO

Attach Statement of Witnesses.