

**Form 3G30**

**STATEMENT OF OCCURRENCE**

**LOCAL**

**LOCAL**

**T**

**ELEPHONE NO.**

NAME

ADDRESS

STREET / CITY / STATE / ZIP CODE

WOR

K LOCATION

STREET / CITY / STATE / ZIP CODE

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.

**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 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Continuation of Grievants Statement)

SIGNED GRIEVANT Date

LIST ANY WITNESS TITLE PHONE NO.

TITLE PHONE NO.

TITLE PHONE NO.

TITLE PHONE NO.

Attach Statement of Witnesses.