

Statement of Occurrence

Local Number: Choose an item. Local Phone Number: 601-336-9059

First and Last Name: Click Here to start typing

Street Address: Click Here to start typing Apartment, Suite, etc.: Click Here to start typing

City: Click Here to start typing State: Click Here to start typing

Zip Code:

Seniority Date:       NCS Date:

Personal Cell:       Personal Email: Click Here to start typing

Department: Click Here to begin typing Title: Click Here to start typing

Supervisor’s Name: Click Here to start typing Supervisor’s Phone Number:

GIVE A COMPLETE STATEMENT OF FACTS CONCERNING THE GRIEVANCE CONDITION THAT EXISTS

The following is a statement of what happened to me on which action was in violation of Article of the working Agreement.

 Start Typing here. Please list all details as possible.

 Grievance Signature 11/11/2023

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.

 Grievance Signature 11/11/2023

