



COMMUNICATIONS WORKERS OF AMERICA, AFL-CIO
LOCAL 2336-DISTRICT 2-13
151 RIGGS ROAD, N.E., WASHINGTON ,D.C. 20001
OFFICE #: 202-291-1500
FAX#: 202-829-0202
WEBSITE: www.cwalocal2336.org

STATEMENT OF OCCURRENCE *(for internal Union use only)*

GRIEVANTS FULL NAME: _____

GRIEVANTS JOB TITLE: _____

HIRE DATE: _____ EMPLOYER: _____

GRIEVANTS HOME ADDRESS: _____
(STREET ADDRESS)

(CITY , STATE AND ZIP CODE)

GRIEVANT HOME AND/OR CELL#: _____

GRIEVANT PERSONAL EMAIL: _____

DIRECT SUPERVISORS FULL NAME: _____

SUPERVISORS TEL#: _____ EMAIL: _____

GRIEVANT WORK ADDRESS: _____

GRIEVANT WORK TEL#: _____

ACTUAL DATE INCIDENT OCCURED: _____

WRITE DETAILED STATEMENT PROVIDING FACTS AND BACKGROUND OF INCIDENT:

(statement continued)

REMEDY SOUGHT BY YOU: _____

I hereby give consent to the CWA Union and its authorized representatives, to pursue a grievance on my behalf and inspect any records kept by the Company related to this grievance or which may affect the conditions of my employment. This consent and authorization is given in accordance with the CBA between the Union and the Company. The statement I provided is my factual account of events that gave rise to this grievance.

Signature: _____ Date: _____