Remember to sign both signatures
Remember you have a time frame to grieve the incident
Please try to have this turned in at least 30 days to allow appropriate time for processing** You may turn in to any stewards, fax or email to Cwa3108@bellsouth.net

Grievant's UID:_____

Form 3G30-2
Revised 05/20/2019

STATEMENT OF OCCURRENCE

LOCAL 3108 **LOCAL TELEPHONE NO.** 407-422-6554 Ext 0 Fax 407-843-3108

NAME_____ WORK ADDRES:_____
STREET | CITY | STATE | ZIP CODE

HOME ADDRESS_____
STREET | CITY | STATE | ZIP CODE

SENIORITY DATE_____ NCS DATE_____

PERSONAL CELL_____ PERSONAL EMAIL_____

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 _____, 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
In the event that your home address changes, you must notify your CWA Local in order to receive correspondence regarding this grievance

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_____