



CWA Local 7800

STATEMENT OF OCCURRENCE

Name: _____
 Home Address: _____

 Last Four SSN: _____
 Home #: _____
 Cell #: _____

Seniority Date: _____
 Wage Scale: _____
 Job Title: _____
 Work Location: _____
 Department: _____
 Manager: _____

Grievance Type (check one)

Warning Dismissal Suspension Other

The following is a statement of what happened to me on: _____

Desired Outcome:

Initials: _____

Reviewed with Member:

Initials:	Date:	Comments:	Initials:	Date:	Comments: