STATEMENT OF OCCURRENCE -- CWA LOCAL 6128

Please print and fill out completely. Page _____ of _____

Today's Date: _____ Cell # _____ Alt # _____

Full Name: _____ ATTUID: _____ NCS DATE _____

Mailing Address: _____ City: _____ Zip: _____

Work location: _____ Job Title: _____

Dept: _____ Supervisor: _____

Email: _____ Date of Action Taken: _____

What are you accused of? (Management's point of view)

_____

_____

What happened? (Your point of view--Facts ONLY). Attach additional pages if needed.

_____

_____

_____

_____

_____

_____

I WAS: _____ Suspended _____ Terminated _____ Placed on DML

_____ Bypassed ___ ___Placed on WR/WW _____ Placed on Final _____ Place on PN

_____ Other/Please Specify: _____

Proposed Resolution/Remedy: _____

_____

_____

Grievant Signature: _____ Date: _____

Union Official Acknowledgement. Name: _____ Date: _____