_____45th day

COMMUNICATIONS WORKERS OF AMERICA
LOCAL 6327
STATEMENT OF OCCURRENCE
(SWBT)

Name:_____Seniority date:_____

Home address:_____

Home phone:_____ Work phone:_____

Job title:_____ Supervisor:_____

Work location:_____ Dept.:_____

The following is a statement of what happened to me on_____ 20_____

Statement must be as factual as possible. If additional space is needed, please use additional paper. Witness statements are **extremely important. Make certain all witness statements are attached, signed, and dated. Please advise what you want the union to do for you; i.e. I want my records corrected, I want to be paid, etc. Do **not** email this form—we must have the original copy.

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(attach additional paper if necessary)

I hereby request CWA Local 6327 to file a grievance on my behalf and grant my permission to examine, review, and obtain copies where necessary of any and all portions of my personal records maintained by the Company that are necessary to process a grievance on my behalf. I understand all information and discussions of a personal nature pertaining to these records or copies of same will be held in strict confidence unless stated otherwise by me.

Signature of Grievant:_____ Date:_____