



STATEMENT OF OCCURANCE  
CWA Local 6508



Name: \_\_\_\_\_ ATTUID: \_\_\_\_\_

Address: \_\_\_\_\_ NCS DATE: \_\_\_\_\_

City, Zip: \_\_\_\_\_ Department: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Location: \_\_\_\_\_

Home Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Bargaining Unit: (Check One)

Date/Time Incident Occurred: \_\_\_\_\_  CORE  Mobility  Internet Services

**Statement of What Happened:**

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**Specific Basis of Grievance or Article(s) of Contract Involved:**

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**List any witness:**

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**Proposed Settlement:**

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**File Grievance?** \_\_\_\_\_ Yes \_\_\_\_\_ No

SIGNATURE OF GRIEVANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF UNION OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Note: Attach any additional information/documentation that may be helpful. Page \_\_\_ of \_\_\_