



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:

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

List any witness:

Proposed Settlement:

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 ____