**Form 3G30-2**

**Revised 8/02**

**STATEMENT OF OCCURRENCE**

**LOCAL** 3218  **LOCAL TELEPHONE NO.** 770-427-9401

NAME

WORK LOCATION

STREET / CITY / STATE / ZIP CODE

SENIORITY DATE       NCS DATE

WORK TELEPHONE NO.       HOME TELEPHONE NO.

DEPARTMENT       TITLE

SUPERVISOR’S NAME       PHONE NO.

**GIVE COMPLETE STATEMENT OF FACTS CONCERNING THE GRIEVANCE CONDITION THAT EXISTS**

The following is a statement of what happened to me on       20       , which action was in violation of Article

of the Working Agreement.

NOTE: List Witnesses on Reverse Side

Use back if more space is needed for grieving party’s statement

SIGNED GRIEVANT Date

I hereby give consent to the inspection by any authorized Union Representative of any records kept by the Company which may affect the conditions of my employment, which may include Security Reports, Medical Records or Opinions, Police Reports, Court Records or Reports, or any other information which may be relevant and necessary to allow the Union to protect my rights under the Working Agreement between the Union and the Company. This authorization is given in accordance with the existing agreement between the Union and the Company.

SIGNED GRIEVANT Date

(Continuation of Grievant's Statement)

SIGNED GRIEVANT Date

LIST ANY WITNESS       TITLE       PHONE NO.

      TITLE       PHONE NO.

      TITLE       PHONE NO.

      TITLE       PHONE NO.

Attach Statement of Witnesses.