



LOCAL 2107

Tracking Number \_\_\_\_\_

## Grievant Statement of Occurrence

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

Home Address \_\_\_\_\_

Home Tel: \_\_\_\_\_

\_\_\_\_\_

Work Tel: \_\_\_\_\_

Work Location: \_\_\_\_\_

Title: \_\_\_\_\_

Department \_\_\_\_\_

Seniority Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor Tel: \_\_\_\_\_

The following is what happened to me on \_\_\_\_\_20\_\_\_\_\_.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Required: Use blue or black ink and sign on reverse side.

