

**CWA**  
**STATEMENT OF OCCURENCE**  
**LOCAL 6171**

NAME: \_\_\_\_\_

HOME PH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL PH: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WORK

LOCATION: \_\_\_\_\_

SENIORITY DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

FOLLOWING IS A STATEMENT OF WHAT HAPPENED TO ME ON \_\_\_/\_\_\_/\_\_\_\_\_

ARTICLES & AND PARAGRAPHS I BELIEVE VIOLATED ARE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

STATEMENT:

**I give my consent to the inspection by any authorized Union representative of any record kept by the Company. Which may impact the conditions of my employment. This authorization is given in accordance with the existing agreement between the Union and the Company.**



\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
(Date)