



**STATEMENT OF OCCURRENCE**

**LOCAL \_\_\_\_\_ GRIEVANCE FORM**

Name: \_\_\_\_\_ EE ID#: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Seniority Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

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

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

Home Phone #: \_\_\_\_\_ Job Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Job Phone: \_\_\_\_\_

Statement: \_\_\_\_\_

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

(Use additional pages if necessary)

Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF PERSONAL AND/OR MEDICAL RECORDS**

I, \_\_\_\_\_, the undersigned, do hereby grant permission for all Union Representatives involved to examine, review and obtain copies when necessary, of any and all portions of my personal and/or medical records maintained by the Company, which are necessary to process a grievance in my behalf.

I understand all information and discussions of a personal nature pertaining to these records or copies of same will be held in strict confidence unless otherwise stated by me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_