



### Statement of Occurrence

Local 3805  
1415 Elm St.  
Knoxville TN 37931  
865-546-0204  
Fax: 865-524-8774

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

Address \_\_\_\_\_  
STREET/CITY/STATE/ZIP CODE

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

Service Date \_\_\_\_\_

Work Telephone No. \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Dept. \_\_\_\_\_ Title \_\_\_\_\_ Rate Of Pay \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

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

The following is a statement of what happened to me on \_\_\_\_\_ which action was in violation of Article \_\_\_\_\_ and all other applicable articles of the Working Agreement.

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

Note: If applicable list witnesses on the 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 an 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 \_\_\_\_\_



Company Representative

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