



STATEMENT OF OCCURRENCE

LOCAL _____ GRIEVANCE FORM

Name: _____ SS#: _____

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: _____