



**STATEMENT OF OCCURRENCE
CITY OF JACKSONVILLE, UNIT 120**

LOCAL 3106 LOCAL TEL. # 384-2222

NAME _____ **HOME ADDRESS:** _____
Street City State Zip Code

WORK LOCATION _____ **Home** _____
City State Zip Code

SENIORITY DATE _____ **NCS DATE** _____ **WORK TEL.#** _____ **HOME TEL. #** _____

DEPARTMENT _____ **TITLE** _____

SUPERVISOR'S NAME _____ **TELEPHONE #** _____

GIVE COMPLETE STATEMENT OF FACTS CONCERNING THE GRIEVANCE CONDITION THAT EXISTS

The following is a statement of what happened to me on _____ 20____, which action was in violation of Article _____ of the Working Agreement.

Counseling () Warning () Suspension () Termination () Letter in lieu () Lost Pay ()

Attendance () Performance () Adherence () Misconduct () Other ()

NOTE: List Witnesses on 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 any 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)

