# *Statement of Occurrence*
## *CWA Local 2100*

Union #_____ Company # _____

Name _____

Address_____

Work Location _____ N.C.S. Date_____

Line of Business _____ Title _____

Work Telephone # _____ Home Telephone # _____

Supervisor's Name _____ Supervisor's # _____

Date of Occurrence _____ Time/Shift _____

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Union Steward_____ Date Steward Received _____

Date Presented to Management_____ Scheduled Time & Date _____

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Following is a statement of what happened to me
(Use back of page or additional sheets if necessary): _____

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Remedy Requested _____

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Members Signature_____ Date_____