CWA LOCAL 2275 The Union for the Information Age

Communications Workers of America AFL-CIO, CLC

Statement Of Occurrence

Employee's Name_____ **N.C.S. (Seniority) Date**_____

Home Address_____

Work Location /Address _____

Home Tel# _(_____)_____-_____ **Work Tel#** _(_____)_____-_____

Cell# _(_____)_____-_____ **Pager#** _(_____)_____-_____

Job Title_____ **Department**_____

Supervisor's Name _____**Title** _____

Supervisor's Office# _(_____)_____-_____ **Cell#** _(_____)_____-_____

Fax# _(_____)_____-_____

The following is a statement of what happened on this Date: _____

Statement:

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State your requested remedy:

Signature_____ **Date** _____

Communications Workers of America
AFL-CIO Local 2275

CWA Local 2275

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(703)730-2275