**CWA Local 7270**
**Grievant's Statement of Occurrence**

Grievant's Name _____ Grievance # _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (_____) _____

Work Location _____ Work Phone (_____) _____

Job Title _____ Department _____

Supervisor's Name _____ Supervisor Phone (____) _____

**Please Describe the event (you can also use the back of form if necessary)-**

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Signature _____ Date _____