Form 3G30
Revised 08-07

Statement of Occurrence

Local 3204 Ph 404 688-1256 Fx 404 688-6236

Name _____ Home Address_____

Work Location_____ _____

Seniority date___/___/___ Work TN_____ Home TN_____

Department_____ Title_____

Supervisor's Name_____ TN_____

Give a complete statement of facts concerning the grievance condition that exists

The following is a statement of what happened to me on _____/_____/_____, which action was in violation of Article _____ of the working agreement between CWA and AT&T.

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Signed_____ Date____/____/____

☐ BST ☐ BAPCO

☐ BSU ☐ DOTNET

☐ BASC

Note: List witnesses on Reverse Side
Use back if more space is needed for grieving party's statement

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, 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_____ Date____/____/____