



C.W.A. Local 13301
Statement of occurrence

Name _____

Telephone contact _____

Employee number _____

Work location _____

Date of occurrence _____

Manager involved _____

The following is, to the best of my knowledge, my true and correct statement.

(continue on back)

I hereby give consent to the inspection, by any authorized union representative, of any records kept by management; which may affect the conditions of my employment. This authorization is given in accordance with the existing agreement between the union and the employer.

Signed _____