



Communications Workers of America - Local 3140 AFL-CIO

Passenger Services Professional Association

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5425 South Semoran Blvd., 1B • Orlando, Florida 32822

Form 3630-2
Revised 09/01

Statement of Occurrence

Member Name _____

Address _____
Street City State Zip

Home Phone # _____ Cell # _____ Fax # _____

Email Address _____

Work Location _____

Department _____ Title _____ Employment # _____

Seniority Date _____ Hire Date _____ Work Phone # _____

Manager's Name _____ Phone # _____ Title _____

Give Complete Statement Of Facts Concerning The Grievance Condition That Exists

The following is a statement of what happened to me on _____ 20 _____, which action was in violation of Article _____ of the Working Agreement.

Signed _____
Grievant Date

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 or 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

