**STATEMENT OF OCCURRENCE**

# Name

**Seniority Date**

# Employer

**Title**

Length of Time in Current Title

Supervisor’s Name

Work Address

Work Telephone # Department

Home Address

Home and/or Cell Telephone #

Home E-Mail Address

Date Incident Occurred

**Who was involved?** (Including any witnesses)

Situation Causing Grievance (In Detail) (use back side if needed)

Remedy Sought

Signed

Date