Form 3G30
Revised 11/87

STATEMENT OF OCCURRENCE

LOCAL _____ **LOCAL TEL. #** _____

NAME_____ ADDRESS: _____
Street

WORK LOCATION_____ _____
City State Zip Code

SENIORITY DATE_____NCS DATE _____WORK TEL. #_____HOME TEL. #_____

DEPARTMENT_____TITLE _____

SUPERVISOR'S NAME_____TELEPHONE #_____

GIVE COMPLETE STATEMENT OF FACTS CONCERNING THE GRIEVANCE CONDITION THAT EXISTS

The following is a statement of what happened to me on _____ 19_____, which action was in violation of Article _____ of the Working Agreement between CWA and **AVAYA**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

NOTE: List Witnesses on Reverse Side
Use back if more space is needed for grieving party's statement.

Signed_____
Grievant (Date)

RELEASE OF PERSONAL AND/OR MEDICAL RECORDS

I, _____, the undersigned, do hereby grant permission for all Union Representatives involved to examine, review and obtain copies when necessary, of any and all portions of my personal and/or medical records maintained by the Company, which are necessary to process a grievance in my behalf.

I understand all information and discussions of a personal nature pertaining to these records or copies of same will be held in strict confidence unless otherwise stated by me:

SIGNED: _____ DATE: ____/____/_____