

GRIEVANT or WITNESS STATEMENT FORM

From: _____

Address: _____

Phone No. _____

Email: _____

Tour/Reporting Time: _____

Facility: _____

To: American Postal Workers Union,
AFL-CIO

Local Union: _____

Re: Regarding an incident/violation that occurred on
or about Date: _____

Issue: _____

1. I _____ do hereby render this statement on the above issue(s). [State only the Facts]

2.

3.

4.

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10.

11.

12.

13.

14.

15. What remedy are you seeking?

16.

Attach addition sheets as needed **YOU MUST SIGN THIS FORM** Signed: _____ Date: _____