

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.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15. What remedy are you seeking?

16.

[] Attach addition sheets as needed **YOU MUST SIGN THIS FORM** Signed:

Date:

