

GRIEVANT or WITNESS STATEMENT FORM			
From:			
Address:	(To: American Postal Workers Union, AFL-CIO	
)	Local Union:	
Phone No.	(Re: Regarding an incident/violation that occurred on or about Date: _____	
Email:)	Issue: _____	
Tour/Reporting Time:	(
Facility:)		
	(
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: _____