

## GRIEVANT or WITNESS STATEMENT FORM

From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

Email: \_\_\_\_\_

Tour/Reporting Time: \_\_\_\_\_

Facility: \_\_\_\_\_

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**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: \_\_\_\_\_

Local Grievance number: \_\_\_\_\_

[illegible]

Signature of Grievant / Witness