

**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.

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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: \_\_\_\_\_

