GRIEVANT or WITNESS STATEMENT FORM			
From:	(- A : B (1) 1 1 1 1	
Address:		To: American Postal Workers Union, AFL-CIO	
		Local Union:	
Phone No.	Email: (Re: Regarding an incident/violation that occurred or about Date:	on
Tour/Reporting Time:	Facility: (Issue:	
	To reduce their extensions of	a the above issue/a) [Ctata only the Foots]	
1. I do hereby render this statement on the above issue(s). [State only the Facts]			
2.			
3.			
4.			
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7.			
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9.			
10.			
11.			
12.			
13.			
14.			
15. What remedy are you seeking?			
16.			
[] Attach addition sheets as needed	YOU MUST SIGN TH	IS FORM Signed: Date:	



American Postal Workers Union, AFL-CIO Page 2 GRIEVANT/WITNESS S STATEMENT (CONTINUATION)

Local Grievance number:	_

Signature of Grievant / Witness