AMERICAN POSTAL WORKERS UNION, AFL-CIO
Grievant or Witness Statement of Facts

This statement is being given as part of the investigation or processing of a grievance in accordance with the National Agreement.

Person Giving Statement: _____

Date: _____ Subject: _____

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Signature: _____

Witness (Print and Sign): _____

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(Additional Page)

Person Giving Statement: _____

Date: _____ Subject: _____

Signature: _____