

CWA LOCAL 1400
GRIEVANT STATEMENT

THIS FORM MUST BE COMPLETED FOR ALL DISCIPLINARY CASES
STATEMENT MUST BE AS FACTUAL AS POSSIBLE

SIGNATURE OF GRIEVANT _____ DATE ____ / ____ / ____
CAN BE REACHED NUMBER _____

IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH MORE PAGES.

WITNESS STATEMENTS ARE EXTREMELY IMPORTANT. MAKE CERTAIN ALL
WITNESS STATEMENTS ARE SIGNED AND DATED.