C.W.A. LOCAL 1400
GRIEVANT'S STATEMENT

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

SIGNATURE OF GRIEVANT_____DATE_____
WORK TELEPHONE NUMBER_____
HOME TELEPHONE NUMBER_____

IF ADDITIONAL SPACE IS NEEDED, PLEASE MAKE ATTACHMENTS
WITNESS STATEMENTS ARE EXTREMELY IMPORTANT. MAKE CERTAIN ALL WITNESS STATEMENT ARE SIGNED AND DATED.