# ***APWU Grievance Statement Form***

***Name (Last, First, Middle):_____***

***Address:_____***

***City _____ State:_____Zip:_____***

***Employee Identification Number: _____ Service Seniority:_____***

***FTR:_____ PTR:_____ PTF:_____ Level:_____ Step:____ Duty Hours:_____***

***Date: _____ Home Phone Number (Optional). Place an reverse side.***

***Please include facts in your statement (who, what, when, where, and why.) Be specific.***

*Signature _____ Date:_____* ***When completed, return to your steward***