Form Placed in use July 2004

National Association of Letter Carriers
Capital City Branch 380
Trenton, New Jersey

BRANCH GRIEVANCE #: _____

CASE DESCRIPTION: _____

GRIEVANT STATEMENT FORM

I certify that the statement I have given below is true and accurate to the best of my knowledge.

Printed Name: _____

Signature: _____ Date: _____

Work Location: _____ Work Phone # _____

Home Address: _____

USPS Employee: Yes ____ No ____ Seniority Date: _____ Job Title: _____

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GRIEVANT STATEMENT FORM - *CONTINUED*