



**GRIEVANCE STATEMENT FORM**  
**AMERICAN POSTAL WORKERS UNION #418 - NORTHWEST**  
**LOUISIANA AREA LOCAL**

**GRIEVANT INFORMATION:**

- **Full Name (Last, First):** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **City & State:** \_\_\_\_\_
- **Phone / Contact #:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Craft:** \_\_\_\_\_
- **Seniority Date:** \_\_\_\_\_
- **Employment Status (FTR / PTR / PSE):** \_\_\_\_\_
- **Duty Hours / Tour / SDO:** \_\_\_\_\_
- **Veteran (Yes / No):** \_\_\_\_\_
- **Pay Location:** \_\_\_\_\_
- **Work Location:** \_\_\_\_\_
- **Date of Incident / Date Became Aware:** \_\_\_\_\_
- **Today's Date:** \_\_\_\_\_

**PROBLEM:**

---

---

---

**REQUESTED REMEDY:**

---

---

---

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_