



TWU Witness Statement & Fact Sheet ***

1) Witness _____ Position _____ Emp # _____

2) Incident took place at _____ on _____ Location _____ Grievance # _____
 (TIME) (DATE)

3) Describe what took place. What **you** saw, **who** was there, what time it was, what **you** heard and **who** said it, and any other information you believe is relevant. Please be accurate in what you write, **do not guess** at anything. **If you did not hear it or see it yourself, do not report it.**

The above information is true and accurate to the best of my knowledge.

Witness/Grievant's signature _____

Shop Stewards signature _____ Date Received _____

****** This information sheet is to be used exclusively by the TWU representatives to investigate and represent a member, and is not to be distributed, copied, or shared with any Company representative.***