# CWA WITNESS STATEMENT FORM

**Local Union** _____ **Employer** _____

**Name** _____ **Service Date** _____

**Job Title** _____ **Work Location** _____

**Home TN** _____ **Work TN** _____

**Incident Date:** _____ **Grievance Number:** _____

**Witness statement (attach additional sheets if needed):**

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(Signature)_____ Date:_____