



#301 – 4501 Kingsway, Burnaby, BC V5H 0E5
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**WITNESS
STATEMENT**
(PLEASE PRINT)
FOR THE UNION ONLY

To be completed and signed by the witness and submitted to the job steward or union representative

GRIEVOR'S NAME

Name: _____ Date: _____

PERSONS INVOLVED

Name: _____
Name: _____
Name: _____

Please describe the incident, including what happened, how and where it happened, and all persons involved.

Please sign below and forward all of the relevant documentation to the job steward or union representative.

_____	_____
WITNESS NAME (Print)	WITNESS SIGNATURE
Date: _____	Home Email: _____
Home Phone: _____	
Home Address: _____	