

**American Postal Workers Union, AFL-CIO  
Greater Cincinnati, Ohio Area Local**

**interview of witness or supervisor in the course of  
grievance investigation/processing**

**Date:** \_\_\_\_\_ **Grievance:** \_\_\_\_\_

**Name of Interviewer:** \_\_\_\_\_

**Name of individual interviewed and title:** \_\_\_\_\_

**Question 1: State your name and job title./**

**Answer:**

**Question 2:**

**Answer:**

**Question 3:**

**Answer:**

**Question 4:**

**Answer:**

**Question 5:**

**Answer:**

**Question 6:**

**Answer:**

**Question 7:**

**Answer:**

**Witness or supervisor signature and date**

**Union Representative and date**

**Greater Cincinnati, Ohio Area Local**

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grievance investigation/processing**

**Date:** \_\_\_\_\_ **Grievance:** \_\_\_\_\_

**Name of Interviewer:** \_\_\_\_\_

**Name of individual interviewed and title:** \_\_\_\_\_

**Question 8:**

**Answer:**

**Question 9:**

**Answer:**

**Question 10:**

**Answer:**

**Question 11:**

**Answer:**

**Question 12:**

**Answer:**

**Question 13:**

**Answer:**

**Witness or supervisor signature and date**

**Union Representative and date**

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