



Dispute Resolution Information Sheet

Grievant's Name _____
Home Address _____
City _____ State _____ Zip code _____
Home Phone No. _____ Work Phone _____
Craft Seniority Date _____ USPS Seniority Date _____ Duty Hours _____
Employee ID _____ Station/ Post Office _____
Veteran: Y ___ N ___ Level ___ Step ___

Exactly what happened _____

Corrective Action
Requested _____

Grievant's Signature/ Date

Steward's Signature/ Date