

American Federation of Government Employees, AFL-CIO

Local 4200

AFGE DHA

GRIEVANCE INTAKE FORM

Employee's Name:	Department/Office:
Job Title:	Series/Grade:
Personal Email:	Personal Cell Phone:
1 ST Line Supervisor:	2 nd Line Supervisor:
	SUMMARY OF COMPLAINT
1. Date of Incident:	
2. Time of Incident:	
3. Location of Incident:	
What happened that caused you to con-	tact the union?
What happened that caused you to con	tact the union?
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What happened that caused you to con-	tact the union?
What happened that caused you to constant the state of th	Yes No
	Yes No

7.	Are there any witnesses involved (check one)? Yes No
8.	Is there any evidence besides your statements and recollections? Yes No If yes, please list and attached copies off all documentation:
9.	Have you lost anything you already had? Yes No Explain:
10.	Have you lost something you would otherwise have had? Yes No Explain:
11.	How have all or any of these events harmed you?
	Have you already discussed this with anyone in management? Yes No If so, who? What did they say?
	Have any other employee been harmed similarly by these management action? Yes No What remedy do you want or what will make you whole again?

FOR INTERNAL USE ONLY

Steward who took initial complaint:			
Date initial case reviewed by Chief Steward/VP:			
Name of Chief Steward/VP reviewing case:			
Case Assigned to:			
Steward briefed on case /received documentation:	Yes	No	
STEWARD ACKNOW	/LEDGMENT		
I understand it is my responsibility to investigate the alleg	gations listed ab	ove IAW the In	nterim Bargaining
Agreement as early as possible and to provide the Chief S	Steward/Vice P	resident with an	update of the
"Grievance Intake Form" no later than the close of the following	llowing busines	ss day via email	and/or on my official
Union day.			
Steward Name Sig	nature		Date