



# American Federation of Government Employees, AFL-CIO

**Local 4200**

AFGE DHA

## **GRIEVANCE INTAKE FORM**

Date of Contact: \_\_\_\_\_

File ID Number: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Department/Office: \_\_\_\_\_

Job Title: \_\_\_\_\_

Series/Grade: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Personal Cell Phone: \_\_\_\_\_

1<sup>ST</sup> Line Supervisor: \_\_\_\_\_

2<sup>nd</sup> Line Supervisor: \_\_\_\_\_

### **SUMMARY OF COMPLAINT**

1. Date of Incident: \_\_\_\_\_

2. Time of Incident: \_\_\_\_\_

3. Location of Incident: \_\_\_\_\_

4. What happened that caused you to contact the union?

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5. Is this a repeat occurrence (*check one*)?    Yes    No

If yes, give the date and time of first offense \_\_\_\_\_.

6. What did you see? Who said what? What specific actions were taken & by who? (*list chronologically; you may attach additional paper*)

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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? \_\_\_\_\_

\_\_\_\_\_.

12. Have you already discussed this with anyone in management?      Yes      No

13. If so, who? What did they say? \_\_\_\_\_

\_\_\_\_\_.

14. Have any other employee been harmed similarly by these management action?      Yes      No

15. What remedy do you want or what will make you whole again?

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