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***AMERICAN FEDERATION OF
GOVERNMENT EMPLOYEES LOCAL
503***

Complaint Intake Form

Date: _____

Name of Complainant _____

Agency: CAVHCS – West Campus Service: _____

Date Employee/Union became aware of the Situation _____

Date Presented to Supervisor _____

Name of the Receiving Supervisor _____

Chain of Command

1st Line _____ (Immediate) for the Employee

2nd Line _____ (Service Chief)

3rd line _____ (Director)

Local 503 is representing me, _____. I hereby give permission for release of information to, Local 503, my chosen representative for any desired information in representation. This authorization also permits any official/assigned representative of the local to examine and to copy any records concerning me. I understand that I may revoke this authorization at any time with written notification.

Employee Signature _____

Intake Person: _____

Signature _____

Comments:

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Representative assigned: _____

Signature: _____

Representative Comments (attach separate page if necessary):

Disposition (resolved through communication with supervisor, written response, or grievance):

If Proposed Action or Grievance,

Case# _____ Date _____