



AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES
LOCAL 1550

ISSUES INTAKE SUBMISSION FORM



EMPLOYEE CONTACT AND ORGANIZATION INFORMATION

FIRST NAME	
LAST NAME	
HOME ADDRESS	
CITY, STATE, ZIP CODE	
EMAIL ADDRESS <i>(Personal)</i>	
CELL PHONE <i>(Best Contact)</i>	
AGENCY OR ORGANIZATION <i>(I.e., Harris Health System)</i>	
DEPARTMENT	
CLASSIFICATION	
DATE OF HIRE	
WORK LOCATION	
SUMMARY OF YOUR ISSUE <i>(BRIEF)</i>	

DETAILS OF EVENT LEADING TO THE ISSUE *(BE AS DETAILED AS POSSIBLE)*

WHO WAS INVOLVED? Provide names and titles. Include witnesses.	<ul style="list-style-type: none"> • Start typing here...
WHEN DID IT OCCUR? Date and time	<ul style="list-style-type: none"> • Start typing here...
WHERE DID IT OCCUR? Specific locations	<ul style="list-style-type: none"> • Start typing here...
WHAT HAPPENED? Describe the event in detail. Also, describe any incidents giving rise to the grievance.	<ul style="list-style-type: none"> • Start typing here...
DID THIS VIOLATE ANY POLICIES? List all policies, procedures, and guidelines violated in the event described.	<ul style="list-style-type: none"> • Start typing here...
WHAT ACTION DO YOU WANT US TO TAKE? Describe what must be done to correct the situation / problem.	<input type="checkbox"/> Reinstatement <input type="checkbox"/> Backpay <input type="checkbox"/> Final Written <input type="checkbox"/> Probation Not listed, tell us what you would like to happen as a result of your issue submission.

Please save and email this form to your AFSCME 1550 Union Representative.
www.afscmelocal1550.org

Together...We WIN!