Grievance Intake Form

Do you have an issue(s) or concern(s) at the workplace? If so, please complete this form so that we may process your case.

Name: **Personal Phone #:**

Job Classification: **Location of Incident:**

Employee ID: **Date of Incident:**

What happened? Who was Involved? Please describe your issue/concern:

_____
_____
_____
_____
_____
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_____
_____
_____

Signature: _____ **Date:** _____

Once completed, please submit this form using one of the following methods:

- By email to timothy.traylor@ace-afscme.org
- By mail or in person delivery at the Union office:
  14440 Old Mill Road, Upper Marlboro, MD 20772
- By fax: 301-809-0472