



## NFFE Federal Lodge 7 IAMAW

### Local Complaint Form

#### A. Contact Information

Name:						
Job Title:				Grade:		
Work Unit & Organization:						
Duty Hours:		Duty Phone	( ) -	Home	( ) -	
Home Address:						
City:		State:		Zip:		

#### B. Grievance

Briefly state the facts and circumstances regarding your complaint. Your statement should include the following: a description of the act or incident; **2)** why it happened: personal bias, union activity, alleged poor performance or conduct, discrimination; **3)** name, job title, grade, work unit, organization and duty phone of each witness who knows the facts about the complaint; **4)** why you consider it a valid complaint: give section of contract, regulation, law, etc., violated. Be brief, but include all the facts, use additional sheets as necessary.

#### C. Remedy Sought (State in one sentence the action you think management should take to resolve your complaint.)

#### D. Have you talked with your supervisor about it?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Supervisors Name:		Phone	
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If Yes, State briefly what he/she told you	
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**E. Have you consulted with any other management official(s) about it?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If Yes, name the official(s) and state briefly what you were told.	
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**F. Have you submitted your complaint to management in writing?** If yes, attach a copy of your submission and reply you received.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**I hereby designate NFFE FL 7 IAMAW to represent me in the above-described complaint.** I understand the Local is not obligated to take my complaint to arbitration.

Signature of Complainant	Date

**FOR LOCAL USE ONLY**

1.	Complaint Received By:		Date:	
2.	Complaint Investigated by:			
3.	Complaint Determined:	Valid	or	Not Valid
4.	If valid: Date action submitted to management:			
	Type of action	Representative		
	Date Resolved	Remedy satisfactory	Yes	No
5.	If not valid: Complaint satisfied with explanation	Yes	or	No
	Referred to Executive Committee/Grievance Committee:		Date	
	Referred to NFFE HQ (optional):	Date		
6.	Date case file closed			