



AFGE LOCAL 3313

Request for Union Representation

(For use by employees when requesting AFGE Local 3313 representation)

Date _____

A. Contact Information

Your Full Name (print) _____
Job Title: _____ Grade: _____
Agency/Office/Routing Symbol: _____
Work Email Address: _____ Office Phone: _____
Personal Email Address: _____ Cell Phone: _____

B. Complaint

Briefly state the facts and circumstances regarding your complaint. Please respond to the following and be **clear** and **concise**. (Use the back of this page if additional space is needed).

(1) Date of incident or date that you first became aware of it; (2) description of the act or incident, including location of where it occurred; (3) why do you believe the incident occurred—i.e. personal bias, union association, alleged poor performance or conduct, discrimination due to race, color, religion, sex, national origin, or handicapping condition, etc.; (4) name, job title, grade, organization/office, and phone number of each witness who knows the facts concerning your complaint (*if applicable*); (5) why you believe the complaint is valid—i.e. violates a section of the AFGE Local Collective Bargaining Agreement (*copy is posted on the agency's intranet*), Federal law or guidance, agency policy, etc.

C. Have you discussed this issue with your supervisor? () Yes () No

Name of Supervisor _____

Date of discussion: _____

Briefly state what was discussed and your supervisor's response: _____

D. Have you discussed this issue with any other management official? () Yes () No

Name of Management Official _____

Date of discussion: _____

Briefly state what was discussed and the response received: _____

E. Have you submitted a complaint to management on this issue in writing? () Yes () No

(If yes, attach a copy of your submission and any reply received).

Remedy Sought. *(State the action you believe should be taken to resolve your complaint. If more space is needed, use an additional blank sheet).*

F. Authorization for AFGE Local 3313 Representation:

By signing this form, I hereby consent to have AFGE Local 3313 represent me in the above-described complaint.

I understand that it is my responsibility to:

- *Fully cooperate with duly recognized union representative(s) assigned to my case;*
- *Provide a factual account of all situations regarding my complaint;*
- *Provide factual supporting documentation when requested;*
- *Notify the Union of any new relevant development regarding the complaint; and*
- *Periodically check with the union representative on the status of the case.*

(Signature of Complainant)

Date: _____

For Use by AFGE 3313 Union Representative Only

1. Complaint Received by _____ Date: _____

2. Complaint Investigated by _____

3. Complaint determined: () Valid () Not Valid

4. If valid complaint: Date submitted to the agency or other source for action: Type of action: _____ Source _____
Date Resolved _____ Resolution Satisfactory: () Yes () No

If complaint not valid: Complainant provided with explanation: () Yes () No

5. Date case file closed: _____

Comments (if any): _____

