



# American Federation of Government Employees, AFL-CIO Local 1206

Northern California VA Health System

## INTAKE FORM

Date of Contact:	_____	File ID Number:	_____
Employee's Name:	_____	Department/Clinic:	_____
Job Title:	_____	Series/Grade:	_____
1 <sup>st</sup> Line Supervisor:	_____	2 <sup>nd</sup> Line Supervisor:	_____
Work Location:	_____	Personal Email:	_____
Cell Phone:	_____	Home Phone:	_____
Home Address:	_____		
	_____		

## SUMMARY OF COMPLAINT

1. Date of Incident: \_\_\_\_\_
2. Time of Incident: \_\_\_\_\_
3. Location of Incident: \_\_\_\_\_
4. What happened that caused you to contact the union?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
5. Is this a repeat occurrence (*check one*)?  Yes  No  
If yes, give the date and time of first offense \_\_\_\_\_.
6. What did you see? Who said what? What specific actions were taken and by who? (*list in chronological order; you may attach additional paper*)  
\_\_\_\_\_  
\_\_\_\_\_.
7. Are there any witnesses involved (*check one*)?  Yes  No  
If yes, please provide their information below:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**8.** Is there any evidence besides your statements and recollections (*check one*)?  Yes  No

If yes, please list and attached copies off all documentation: \_\_\_\_\_  
\_\_\_\_\_.

**9.** Have you lost anything you already had (*check one*)?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_.

**10.** Have you lost something you would otherwise have had (*check one*)?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_.

**11.** How have all or any of these events harmed you? \_\_\_\_\_  
\_\_\_\_\_.

**12.** Have you already discussed this with anyone in management (*check one*)?  YES  NO

If so, who? What did they say? \_\_\_\_\_  
\_\_\_\_\_.

**13.** Have any other employees been harmed similarly by these management actions (*check one*)?  YES  NO

If so, who are they? \_\_\_\_\_  
\_\_\_\_\_.

May we contact them (*check one*)?  Yes  No?

**14.** What remedy do you want or what will make you whole again? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.