



American Federation of Government Employees – Local 3283



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GRIEVANCE INTAKE FORM (Updated 08-24-23)

Today's Date:

Employee's Name:

Job Title:

Series/Grade: GS

Organization Code:

1st Line Supervisor: _____

2nd Line Supervisor:

Personal Email:

Phone Number:

SUMMARY OF ISSUE

1. Date of incident:
2. Description of incident:
3. Your desired outcome:
4. Request a meeting with the management official: Yes No

CONFIRMATION OF AUTHORITY

I hereby give complete authority to AFGE-Local 3283 and its designated representative to present, negotiate, and bargain regarding this grievance. And I shall be bound by the disposition made by AFGE-Local 3283 of said grievance.

Employee's Signature

Date

FOR INTERNAL USE ONLY

STEP 1 DUE DATE:

Steward who took initial complaint:

Date reviewed by Chief Steward / First Vice President:

Primary Steward:

Secondary Steward: