



Case Intake Form

(NOT for cases that involve CRIMINAL accusations)

Case #: _____ **Topic:** _____

Contact Information (please print or type)

Name		Job Title	
Member?	☐ Yes ☐ No	Break/Lunch Times	
Job Site		E-mail Address	
Phone (home)		Phone (cell)	
Phone (work)		Work Schedule	
Planning Time		Call at Work?	☐ Yes ☐ No
Probationary?	☐ Yes ☐ No	Non-tenured?	☐ Yes ☐ No

Important Dates

First Contact Date with Association	
First Employee Knowledge of Event	
Grievance Deadline (20 workdays)	
4-205 Deadline (30 calendar days)	
6-202 Deadline (10 calendar days)	

Summary of Issue, Question, or Concern

Contract, Policy, or Regulation References:

Employee Attempts at Resolution (who, what, when, where, results)

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Steps to be Taken by Employee

1.
2.
3.

Steps to be Taken by Association

1.
2.
3.

Association Representative(s) Receiving Inquiry and Date Received

Name:	Date:
Name:	Date: