Date: ____________
To: Whom It may Concern
From: __________________________
My unit name and phone extension is: __________________________
My home phone number is: __________________________
My Cell phone number is: __________________________
My home email address is: __________________________@___________
My description of the issue is: __________________________

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
(Use additional pages as needed)

Remedy Requested: __________________________

Witnesses pro or con (please indicate which): __________________________

Honors/Awards/Last proficiency/Counseling/Previous Discipline:

_____________________________________________________________

(Signature)

Step 1 Disposition: __________________________ Union Rep:_________________
Rendered By:______________ Date:______ Union Action: Accepted / Appealed Date:_______

Step 2 Disposition: __________________________ Union Rep:_________________
Rendered By:______________ Date:______ Union Action: Accepted / Appealed Date:_______

Step 3 Disposition: __________________________ Union Rep:_________________
Rendered By:______________ Date:______ Union Action: Accepted / Appealed Date:_______