



SEIU LOCAL 1000 INTAKE FORM
FOR THE EXCLUSIVE USE OF SEIU LOCAL 1000

Taken By: _____ Date: _____ Time: _____

Type of Intake: Walk-in [] Telephone [] Email []

Results of Initial Intake: Resolved [] Referred for further action [] Group [] Individual []

Issue Summary: _____

WORKER

Name: _____ DLC: _____ Bargaining Unit: _____

E-mail (work): _____

E-mail (home): _____

Best phone: _____ Cell [] Home [] Work []

Department: _____

Classification: _____

Normal Work Schedule: _____

Years of Service: _____ Status: FT [] PI [] PT [] Seasonal []

DIRECT SUPERVISOR / MANAGER

Name: _____

Title: _____

E-mail: _____ Phone: _____

SEIU LOCAL 1000 UNION REPRESENTATIVE / ORGANIZER

Name: _____

E-mail: _____ Phone: _____

SEIU LOCAL 1000 STEWARD

Name: _____

E-mail: _____ Phone: _____

ISSUE TYPE: Grievance Adverse Action AWOL ULP Rejection from Probation Other

What Happened (statement of facts): _____

Who was involved? _____

When did this occur (date and time, best estimate)? _____

Where did this occur? _____

Witness(es) (name, email, best phone): _____

What is management violating?

Contract/MOU Dept. policy CalHR rule SPB rule Gov. Code Labor Code Other

DESCRIBE: _____

What must management do to correct (remedy) the situation? What is the expected outcome? _____

Is this an organizing opportunity? If so, please forward to appropriate Area Coordinator.

Follow-up conversation requested for (date, time): _____