

HR INTAKE FORM

Please complete this form so we can better direct your concern to the appropriate office.

Name: _____ Date: _____

Phone Number: _____ Email Address: _____

Please provide below a brief description of the nature of your concern.

Have you spoken to your supervisor regarding this issue? Yes No

Have you spoken to your union representative regarding this issue? *(If applicable)* Yes No

Submitting this form does not mean you have filed a complaint.
By submitting this form you are requesting information.