

# NFFE Local 1998



National Federation of Federal Employees  
International Association of Machinists & Aerospace Workers, AFL-CIO

For use by a bargaining unit member in asking  
NFFE Local 1998 for representation concerning a complaint

---

## PLEASE PRINT

**A. Today's Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_ **Incident Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

**B. Your Personal Information:** Name (first & last) \_\_\_\_\_

Job title \_\_\_\_\_ Grade GS- \_\_\_\_\_ Work phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Agency/Center/Office \_\_\_\_\_ Duty Hours \_\_\_\_\_

Work email \_\_\_\_\_@state.gov Personal email (optional) \_\_\_\_\_@\_\_\_\_\_

*I request representation regarding the following complaint:*

**C. Complaint:** Briefly state the facts and circumstances regarding your complaint (continue on separate page if necessary). Your statement should include the following:

- 1) A description of the act or incident, including date and location;
- 2) Why it happened: personal bias, union activity, alleged poor performance or conduct, discrimination;
- 3) Name, job title, grade, work unit, organization, email and duty phone of each witness who knows the facts about the complaint.

---

---

---

---

---

---

---

---

---

---

**D. Remedy Sought:** (In one sentence, what action you think Management should take to resolve your complaint.)

---

---

**E. Have you talked with your direct supervisor about it?** ( ) Yes. ( ) No. If yes, briefly describe:

---

---

Name of your direct supervisor \_\_\_\_\_ Work phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

**F. Have you consulted with any other Management official(s) about it?** ( ) Yes. ( ) No. If yes, briefly describe:

---

---

**G. Have you submitted your complaint to Management in writing and/or email?** ( ) Yes. ( ) No.

If yes, attach a copy of your complaint to Management and any related correspondence/documents.

**H. I hereby designate NFFE Local 1998 to represent me in the above-described complaint. I understand that NFFE Local 1998 is not obligated to take my complaint to arbitration.**

\_\_\_\_\_  
*Signature of Complainant*

\_\_\_\_\_  
*Date*

---

**WITHDRAWAL (optional)**

***I hereby withdraw the above-described complaint.***

\_\_\_\_\_  
*Signature of Complainant*

\_\_\_\_\_  
*Date*

---

**FOR LOCAL UNION USE ONLY**

1. Complaint received by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

2. Complaint investigated by \_\_\_\_\_

3. Complaint determined to be:

( ) INVALID: Complainant satisfied with explanation ( ) Yes. ( ) No. Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

( ) VALID: Section(s) of the Contract, law, rule or regulation violated: \_\_\_\_\_

\_\_\_\_\_  
Advised nationwide NFFE Local 1998 officer(s) of complaint: Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Contacted NFFE National (optional): Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Date action submitted: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Type of action \_\_\_\_\_

Submitted to \_\_\_\_\_ By Union Rep \_\_\_\_\_

Date resolved \_\_\_\_/\_\_\_\_/20\_\_\_\_ Remedy satisfactory ( ) Yes. ( ) No.