



KEA Member Concern Form

Please complete and submit to your AR

Member:	Member in Good Standing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Building:	Member Tenured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Incident: * Time:	Date of Report:
Member's Contact Information:	

Factual Description of Incident and/ or Question:

Others Involved:

1.	2.
3.	4.
5.	6.

Contract Violation: Yes No (Please Cite Article)

-----*To be completed by Building AR*-----

AR:	Date:
Council Given to Member:	
Additional Action Needed: Informal Grievance, if needed, must occur <i>within ten (10) work days from *incident.</i> Complete Informal Grievance Form found at www.kalamazooea.org	