

DATE: _____

LABOR MANAGEMENT COMMITTEE REFERRAL FORM

Subject to be considered: _____

Person making request: _____

Who have you spoken with and what was the resolution to your concern prior to submitting this referral? _____

State issue in a brief paragraph:

How do you think the issue could be resolved?

Is there additional information the Committee should have in order to respond to this issue?

Who might be able to provide this information to the Committee?

Additional comments:

Send completed form to any Labor Management Committee Member. (Office Managers have a list of the committee members.)

Date of Action: _____

Maintenance Committee response/action: