



INTAKE FORM

To be completed by all AJC members requesting assistance

This form is to be used for any questions or [representation requests](#) to the AJC.

In order to serve you better, we ask that you first consult our [FAQs](#) and then your regional [Governing Council representative](#), where applicable, before completing and forwarding an intake form to the AJC. Thank you.

Are you a Registered Member of the AJC? If not, you must complete and submit a [membership form](#) prior to receiving assistance from the AJC.

SECTION 1 – Personal Information

Name of Member			
Department/Agency			
Place of Work		Classification	
Position Title		Position Number (if known)	
Personal Email Address			
Work Address			
Home Address			
Work Phone		Home Phone	

SECTION 2 – Intake Summary

Date of occurrence giving rise to your request (if applicable)	
Name(s) of Management Involved:	
Details (description of issue and questions):	
<i>(If more space is required you may attach additional documents)</i>	

SECTION 3 – Actions

Actions Taken to Date:
Remedial Actions Sought (if applicable):

DATE: _____