Coast Federation of Classified Professionals
Employee Issue Form

Name_____ Date_____

Current Job Title_____ ☐ CCC ☐ DIST ☐ GWC ☐ OCC

Work Phone/Extension_____ Cell Phone: _____

Personal e-mail_____ Work e-mail _____

Contract Violation (please provide article #) _____

Please briefly describe the issues/concerns that are occurring with you on the job and include a detailed timeline of what has happened.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

_ Received by CFCP Representative Date