AFSCME PEOPLE We Make Politics Happen

Problem Resolution Form

Please return this form to Jane Hall by fax 202-429-1197 or e-mail jahall@afscme.org.

Date_____ Council Number_____ Local Number_____

Name_____

Home Address_____

City _____ State _____ ZIP _____

Phone Number (H) (_____)_____ Phone Number (W) (_____)_____

E-mail _____

Please state your problem.

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