Complaint Form

National Union of Protective Services Associations

The purpose of this form is to report your perspective of a reprimand or issue, for which you are requesting assistance and representation from NUPSA agents. You must be to the point and honest with your report. Thorough information leads to a more successful and inclusive representation.

Name _____ Employer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Site _____

Cell Phone _____ Project Mgr _____

Email _____ Supervisor _____

Nature of Complaint

Time of Infraction:_____

How were you reprimanded? ❑ Fired ❑ Suspension

❑ Other _____

Witnesses

Name_____ Phone_____

Name_____ Phone_____

_____ _____

Signature Date

Mail: 3150 Monroe St. NE, Washington, DC 20018 **Fax**: (202) 635-4207 **Email**: info@nupsa.net