



**PATCHOGUE-MEDFORD CONGRESS OF TEACHERS**  
**P.O. Box 539 / Patchogue, NY 11772**  
**ph#: 631-475-8515 / email: union@pmct.org**

**INTAKE FORM:**

**NAME OF TEACHER:** \_\_\_\_\_ **BUILDING:** \_\_\_\_\_

**SUBJECT:** \_\_\_\_\_ **DATE OF ISSUE:** \_\_\_\_\_

Nature of issue/concern that needs to be addressed:

Potential contract articles violated? \_\_\_\_\_

Has the building administrator/director/chairperson been contacted by the teacher?

YES / NO                      Date \_\_\_\_\_

Has administration been contacted by a PMCT Building Representative? YES / NO

If Yes, By Whom? \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Teacher's signature

\_\_\_\_\_ Date \_\_\_\_\_  
Building Representative's signature

**(Please have the teacher providing this information read and sign this form as to its accuracy and give him/her a copy. The PMCT Building Rep. who is taking the information, should sign and date where indicated and forward it to their Level Vice-President ASAP. If necessary, it will then be forwarded the PMCT Grievance Chairperson – Kevin Toolan.)**

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*If any grievance needs to be filed, it must be done so no later than forty school days from date of issue / by \_\_\_\_\_.*  
*Date*

\_\_\_\_\_  
*Grievance Chairperson*