

## QUERY FORM FOR UNISON MEMBERS

Answering the questions below will ensure that your UNISON representative has enough information to advise and assist, and will avoid any delays. The completed case form will also help UNISON monitor casework support to members.

Name:				
UNISON membership number:				
Employer:				
Workplace / department:				
Job Title:				
Contact details:	Home		Work	
	Mobile		Email	
Details of the situation/issue				
Remedy sought:				
Actions taken so far (if any):				
Outcomes so far (if any):				

Office use: Date Received \_\_\_\_\_ Allocated to: \_\_\_\_\_