

TRANSPORT WORKERS UNION - LOCAL 250-A

COMPLAINT FORM

IMPORTANT: BE SURE TO COVER THE FACTS — WHO, WHAT, WHEN, WHERE, WHY AND HOW. INCLUDE NAMES OF WITNESSES, IF ANY. USE REVERSE SIDE IF NECESSARY.

NATURE OF COMPLAINT OR PROBLEM: TIME: _____ DATE _____

SUGGESTION FOR CORRECTION: _____

(Signature of Complainant) CAP NO. _____ DATE _____ DIVISION _____

DATE COMPLAINT RECEIVED _____

REPRESENTATIVE'S FINDINGS _____

ACTION TAKEN _____

(Signature of Representative)

(Date)