

Steward's Signature

First Step - Complaint Form IAM - United

INSTRUCTIONS

This form is to be completed by the Steward and Supervisor and signed by the Complainant. Both the Union and Company shall receive a completed copy. All employee complaints should be treated as

MUTUAL PROBLEMS
PART I - To be completed by Steward and Employee:
Employee's:
Name: Dept Shift Starting Time
File No Phone: Home Work
Seniority Date Classification
Address
Employee's Days Off (also dates)
Complaint Nature
Applicable Contract Provision(s) Date of Claimed Violation
Remedy Sought
Supervisor First Contacted (name) (date)
Date of Supervisor's Oral Answer
Case Facts (Give completed details including who, what, where, when, and why. Attach all records, forms, letters, or papers involved).

Date

Employee's Signature

Date

Part II - To be completed by Supervisor **Complaint Information** Name of Complainant ___ Date Alleged Violation Occurred _____ Date Complaint Received _____ Date Oral Answer Given to Steward (name) _____ (date) _____ Case Facts (Give all relevant facts and highlight important fact difference, if any, from Union's position.) Answer:

Date

Supervisor's Signature