

First Step - Complaint Form IAM- Hawaiian

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 Stewar	rd and Emp	oyee:		
Employee's:	-	-		
Name:		Dept	_ Shift Starting Time	
Name: Phone: Home		Work		
Seniority Date				
Address				
Employee's Days Off (also dates)				
Complaint Nature				
Applicable Contract Provision(s)	Dat	e of Claimed \	/iolation	
Remedy Sought				
Supervisor First Contacted (name))	
Date of Supervisor's Oral Answer				
Case Facts (Give completed details inclu	ıding who, w	hat, where, wh	nen, and why. Attach all records,	
forms, letters, or papers involved).	J		,	
Steward's Signature	Date	Employee's S	Signature Date	

Part II -To be completed by Supervisor

Complaint Information

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Name of Complainant	
Alleged Violation Occurred	
Complaint Received	
Date Oral Answer Given to Steward (name)	(date)
Case Facts (Give all relevant facts and highligh	ht important fact difference, if any, from Union's position.)
Answer:	
Allswei.	
Supervisor's Signature	Date