



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 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 \_\_\_\_\_

