OFFICIAL COMPLAINT FORM

For Office Use Only
Case No.

Amalgamated Transit Union - Local 308
205 W. Wacker Dr. - Suite 700 - Chicago, IL. 60606
Phone (312) 782-4665 or Fax (312) 782-5382

Date of Presentation to Company _____ Date of Presentation to Union

DO NOT WRITE ABOVE THIS LINE

NATURE OF COMPLAINT
Check all that apply

Harassment - Sexual___ Mental ____
Altercation - Verbal or Physical_____
Intimidation_____ Verbal Insults____
Work Conditions_____ Suggestion____
Manager Available_____ Gripe_____
Others_____

Date _____

Name: _____ Badge: _____

Address: _____ Phone ( ) _____

City: _____ State: _____ Zip Code: _____

Classification: _____ Work Location: _____

Starting with the Date of Occurrence; State briefly and plainly - What happened, When and Where, **REMEDY REQUESTED**
If applicable, submit copies of any documents that will support your case, including names of all witnesses:

OFFICIAL COMPLAINT FORM

No. _____ *Name* _____

For Office Use Only *Last* *First* *Badge*