OFFICIAL COMPLAINT FORM

Amalgamated Transit Union—Local 308 11204 S. Western Avenue—Chicago, IL. 60643 Phone (312) 782-4665 or Fax (312) 782-5382



Date of Presentation to Company	V-V-COLOR	Date of Presentation to Union
Date	DO NOT WRITE ABOVE THIS LINE	Check all that apply NATURE OF COMPLAINT
	Badge	Harassment—Sexual Mental
		Altercation—VerbalPhysical
	Phone ()	
City	State Zip	HurtIII Treatment Wronged
	Work Location	TOTRING CONTUINIONS SURRESLION
	Cell (
	rrence: State briefly and plainly—What happened, When ar	Others
It applicable, submit copies of	any documents that will support your case, including name	s of all witnesses:
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For Office Use Only	Last	First	Badge	
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