

Notification of Complaint

Member's Name:

Check Local >>>> Full Time Member: Part Time Member:

Union Membership #: Home Telephone:

Department:

Describe the Complaint including Articles Violated if Known:

Date You Became Aware of the Violation:

Settlement Desired:

Complainant's Name & Date:

Union Steward Representative:

Date of Complaint Meeting:

Date of Complaint Response Received from Employer: