

Employee Complaint Form

Complete and return this form to your local UIW Representative. For a complete listing of UIW Halls, visit www.uiwunion.org/halls.

Date: _____ Company: _____
Member Name: _____ Hire Date: _____ Position: _____
Address: _____ Department: _____ Shift: _____
_____ Manager/Supervisor: _____
Cell No.: _____ Home No.: _____ Shop Steward: _____

Event Details

If you were subject to any disciplinary action due to the event described below, please provide the disciplinary form or any related document(s) along with this form

Date & Time of Event: _____ Nature of Event: Termination Write-up Work Related Issue Other: _____

List the name(s) of any employees, management, or other persons involved: _____

Were there witnesses to the event: Yes No List the name(s) of any employees, management, or other persons that witnessed the event: _____

Describe in detail the problems that occurred during the event: *(Additional space available on Page 2)* _____

What is the settlement desired? *(Additional space available on Page 2)* _____

I, as an employee covered by a collective bargaining agreement with the United Industrial, Service, Transportation, Professional and Government Workers of North America ("Union"), grant the Union and its delegated representative(s) the authority to present, negotiate and bargain on my behalf regarding this investigation.

I understand that I shall be bound by the disposition made by the Union of said investigation and I certify that the above information is true and correct and I have provided this information with the understanding that the Union will rely on the information for the purposes of this complaint.

Employee Signature: _____ Date Signed: _____

UIW REPRESENTATIVE USE ONLY

Contract or company policy violated: _____

I certify that the above information is true and correct and I have provided this information with the understanding that the United Industrial, Service, Transportation, Professional and Government Workers of North America will rely on this information for reporting purposes.

UIW Representative Signature: _____ Date Signed: _____



Employee Complaint Form

Event Details (Continued from Page 1)

Member Name: _____ Company: _____

Describe in detail the problems that occurred during the event: _____

What is the settlement desired? _____

I, as an employee covered by a collective bargaining agreement with the United Industrial, Service, Transportation, Professional and Government Workers of North America ("Union"), grant the Union and its delegated representative(s) the authority to present, negotiate and bargain on my behalf regarding this investigation.

I understand that I shall be bound by the disposition made by the Union of said investigation and I certify that the above information is true and correct and I have provided this information with the understanding that the Union will rely on the information for the purposes of this complaint.

Employee Signature: _____ Date Signed: _____

