



# UNION COMPLAINT

937

## FOR OFFICE USE ONLY

DATE OF COMPLAINT:  -  -

COMPLAINT NO.  -

DATE OF INCIDENT:  -  -

RECEIVED  -  -

LRC DATE  -  -

TIME OF INCIDENT	BERTH(S)	GANG #	NAME OF VESSEL	JOB CATEGORY
EMPLOYER	SUPERINTENDENT	FOREMAN	BUSINESS AGENT	

**Against Employer:** Employer: \_\_\_\_\_

**Against Member:** Registration No.

First Name

Last Name

Section(s) of the Agreement violated, including, but not limited to: \_\_\_\_\_

Nature of Incident: (Describe events in detail using additional pages if necessary)  See Attached

**By:**

First Name

Last Name

\_\_\_\_\_  
Signature  Registration No.

\_\_\_\_\_  
Signature Registration NO.

STAMPED