

UNION COMPLAINT

Date of Complaint _____

Time of Incident _____ am _____ pm Date of Incident _____

Name of Employer _____

Name of Ship (s) _____ Berth (s) _____

Gang Number _____ Work Category _____

Superintendent _____ Foreman _____ Steward _____

Nature of Incident:

(Describe events in detail using reverse side if necessary)
