

**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](http://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: \_\_\_\_\_



