



BOILERMAKERS LODGE 146 COMPLAINT FORM

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EMPLOYEE'S NAME		AREA REPRESENTATIVE	
EMPLOYER			
JOB SITE		PROJECT	

EMPLOYEE(S) INVOLVED:

COLLECTIVE AGREEMENT: BCA ABMA GPMA SHOP _____ OTHER _____

ALLEGED ARTICLE(S) VIOLATED:

DATE OF ALLEGED VIOLATION MM/DD/YYYY

NATURE OF THE COMPLAINT (attach further details if necessary):

REMEDY SOUGHT:

DATE: MM/DD/YYYY

JOB STEWARD'S SIGNATURE

AREA REPRESENTATIVE SIGNATURE