

COMPLAINT FORM

International Brotherhood of Boilermakers
Lodge 146



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: _____ DD/MM/YYYY

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

REMEDY SOUGHT:

Job Steward Signature

Date

Area Representative Signature

Date