

# COMPLAINT FORM

International Brotherhood of Boilermakers  
Lodge 146



Employee's Name: \_\_\_\_\_

Area Representative: \_\_\_\_\_ Employer: \_\_\_\_\_

Job Site: \_\_\_\_\_ Project: \_\_\_\_\_

## EMPLOYEE(S) INVOLVED:

\_\_\_\_\_

\_\_\_\_\_

Collective Agreement:  BCA  ABMA  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