



# Local 94 Foremen's Union Complaint Form

Name \_\_\_\_\_

Work # \_\_\_\_\_

Date of Complaint \_\_\_\_\_

Complaint # \_\_\_\_\_

Date of Incident \_\_\_\_\_

Time of Incident \_\_\_\_\_

Superintendent \_\_\_\_\_

Company \_\_\_\_\_

Vessel \_\_\_\_\_

Berth \_\_\_\_\_

Section(s) of agreement violated \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

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\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

