

West Gulf Maritime Association Complaint Form

(Instructions: Complete form and send original to WGMA for action and recording in personnel folders.)

Port _____ No. _____ Company _____ No. _____
 Referred thru ILA Local _____ Time Sheet Number _____
 Vessel _____ Date of Incident _____
 Walking Foreman _____ Time of Incident _____
 Gang Foreman or CIC _____ Location of Incident _____

List Individual(s) complaint(s) is (are) against (if an entire gang, list only the Gang Foreman and attach a copy of the Time Sheet)

<u>Name(s)</u>	<u>SS # or Work #</u>	<u>Job Code</u>
_____	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _____
_____	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _____
_____	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _____
_____	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _____
_____	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _____

Type of Incident (Check)

- | | | |
|--|---|--|
| <input type="checkbox"/> 01 Battery | <input type="checkbox"/> 08 Incompetence | <input type="checkbox"/> 15 Stoppage of Work |
| <input type="checkbox"/> 02 Carelessness | <input type="checkbox"/> 10 Insubordination | <input type="checkbox"/> 16 Walk Off Job |
| <input type="checkbox"/> 03 Display of Weapon | <input type="checkbox"/> 11 Late Return | <input type="checkbox"/> 17 Accident/Property Damage |
| <input type="checkbox"/> 04 Early Quit | <input type="checkbox"/> 12 No Show | <input type="checkbox"/> 18 Intoxication |
| <input type="checkbox"/> 05 Failure to Work | <input type="checkbox"/> 13 Pilferage | <input type="checkbox"/> 19 Illness |
| <input type="checkbox"/> 06 Gang not Complete | <input type="checkbox"/> 14 Suspected Possession
and/or Use of Narcotics | |
| <input type="checkbox"/> 07 Hard Hat | | |
| <input type="checkbox"/> 20 Other: (Specify) _____ | | |

Describe Incident and provide additional details and contract rules violated (when necessary)

Supervision's Action: _____
 (i.e., Fired, Person not to be referred to company, Recommend for removal from special referral list, Notified WGMA, or specific Union official etc.)

 Superintendent's Signature

 Signature of Company Official Submitting Complaint

 Title