

UNION'S RESPONSE TO EMPLOYER'S COMPLAINT

Local No.: _____

Date of Complaint: _____

Employee Name: _____

Social Security No. or Work No.: _____

Type of Incident: _____

Company Name: _____

Date of Union's Action: _____

Union's Response: _____

Guilty: _____ Not Guilty: _____

Dates of any time off assessed: _____ through _____

Referred to Rule 27 Panel (Gang Foreman Complaints only) _____

Signature of Union Official