MBTA Inspectors Union
LOCAL 600
Employee Complaint Form

Employee's Name _____ Telephone # home _____ work _____

Home Address _____

Employer _____ Job Location _____

Inspector ☐ Chief Inspector ☐ _____ _____

Explain your complaint. BE SPECIFIC!! (In order to properly investigate; dates, times and names are needed.)

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Have you tried to resolve this matter? If so, with whom, when and what transpired.

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What do you feel is fair to resolve this matter?

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Do you want a grievance filed? Yes ☐ No ☐

Employee signature _____

Date of submission _____

For this complaint to be valid, it must also be dated and signed by a Union representative. If no delegate is available, mail your complaint (all copies to the Union office). A validated copy will be returned to you.

Signature of Union representative _____ Date received _____

Use more paper if necessary. Indicate total pages submitted _____