



MARINE CLERKS LOCAL 63 UNION COMPLAINT FORM

(Instructions on Back)

Complaint# *(office use only)* _____ Complaint Filing Date: _____

Incident/Violation Date(s): _____ Time of Incident: _____

Company Name: _____ Shift: _____

Berth: _____ Vessel/Yard/Tower/Rail: _____

Superintendent Name(s): _____

Section Violated: _____

Detailed Description of Incidents/Violation (attach additional pages, if needed): _____

Signature: _____

Print Name: _____

Work # _____ Local # _____ Position worked on incident date _____

Cell Phone#: _____ Alternate Phone# _____



INSTRUCTIONS

When writing a Union Complaint, please remember to give as many details about the incident/violation as possible. Please include what position you were working on the incident/violation date and keep in mind the following key words when writing the complaint: **WHO, WHAT, WHEN, WHERE.**

WHO – Who was involved? Members, non-Marine Clerk longshore workers, management, truckers, vendors. Any Witnesses? Get the full names, titles, and contact numbers (for witnesses) whenever possible.

WHAT – What happened? Include all facts including the specific Contract (PCCCD, PCMSC, Vessel Planner Agreement) section(s) that were violated.

WHEN – When did the incident/violation occur? Date(s), Time(s), Shift(s).

WHERE – Where did the incident/violation occur? Yard, Tower, Vessel, Rail, Break Room, Dispatch Hall.

Please also attach any evidence or helpful drawings/diagrams that you have to support the complaint such as:

- Photographs
- Drawings/Diagrams
- Computer screenshots
- Letters
- Bay plans
- Planning documents
- Lists (UTL, put away, etc.)
- Payrolls, etc.