

**BART AND ATU, LOCAL 1555
STATION AGENT
STIPULATED DECISION/MOU**

FOR UNION USE ONLY
Complaint No. _____
Union Date Stamp: _____

Date Delivered To District: _____
Delivery Method: Faxed
 Postmarked Hand-delivered

FOR DISTRICT USE ONLY
Date District Received: _____
Received By: _____
(HR/LR signatures required)

IMPLEMENTATION COMMITTEE – COMPLAINT FORM

You must complete this form and give it to ATU 1555. You may ask a Union representative to help you complete this form. Please give your completed form to the Union as soon as possible after an occurrence because the Union must send your completed Complaint Form to the District's Labor Relations office by faxing it to 510-464-7263, postmarking it to the Labor Relations Office, or hand-delivering it to the District's Labor Relations Office or at a Status Conference within 40 working days of the occurrence of the dispute or when you or the Union could have been aware of the occurrence. Only in the event you are concerned about missing the 40-day timeline for filing a complaint, you may fax your complaint to the District Labor Relations office at 510-464-7263 and send/deliver a copy to the Union.

Date: _____

Complainant's Name: _____ ID Number: _____ Position: _____

Describe your concern, complaint, or alleged violation of the Stipulated Decision/MOU. Please attach any supporting documents and provide the names of those involved who could provide relevant information. _____

Date/Time/Location of the Occurrence/Event: _____

What remedy or resolution do you seek? _____

