Crew Van Safety Complaint Form

**Member Information**
(* Mandatory Fields*)

*Name ____________________________  *Local # _______________________

Address ________________________________________________________________  *Railroad ______________

__________________________________________________________

*Home Phone Number ______________________ Email __________________________

**Contract Carrier Information**

*Date of violation ____________________________

*Did the van pick you up in Illinois?  YES  NO
  *Location ____________________________________________________________

*Did the van drop you off in Illinois?  YES  NO
  *Location ____________________________________________________________

*Van company name ____________________________

Van # ______________________________________

*Van license plate # and state _____________________________________________

Was the six month State of Illinois safety sticker properly displayed?  YES  NO

Do you believe the driver has worked excessive hours and is in violation of Hours of Service regulations?  *If so, give driver name ____________________________________________  YES  NO

Were there any noticeable or suspected mechanical defects?  YES  NO
  *If so, please describe in comments

Was driver distracted by an electronic device (texting, excessive cell phone use etc...)?  If so, please describe in comments.  YES  NO

**Comments**

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Forward to: Robert W. Guy, State Director, UTU, 8 S. Michigan Ave., Suite 2006, Chicago, IL 60603