UNSAFE GRADE CROSSING
UNITED TRANSPORTATION UNION

Employee: Complete this form on any Unsafe Grade Crossing condition. Report the problem to your Supervisor on duty and give a copy of this form to your UTU Local Legislative Representative. Should Corrective Action not be taken by the Carrier, your Representative will then contact the Superintendent and UTU State Legislative Director.

Date/Time _____, _____

Supervisor Reported to _____
Name Title

Railroad _____

Location of Unsafe Grade Crossing (Division/Subdivision, Milepost, Street Name, Etc.)

_____

_____

Description of Unsafe Crossing _____

_____

_____

_____

_____

Recommended Actions _____

_____

_____

_____

_____

IMPORTANT! NEED YOUR FULL NAME, ADDRESS, PHONE NUMBER & LOCAL NUMBER

NAME: _____

ADDRESS: _____

PHONE #: (_____) _____ LOCAL #: _____

IF YOU HAVE ANY OTHER COMMENTS PLEASE USE THE BACK OF THIS FORM AND PROMPTLY RETURN TO YOUR STATE LEGISLATIVE DIRECTOR.

Return to: Joseph C. Szabo, State Director, 8 S. Michigan Ave., Suite 2006, Chicago, IL 60603