

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 or 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 or NO
name _____

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

Comments
