

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

Were there any noticeable or suspected mechanical defects?

☐ YES or ☐ NO

*If so, please describe in comments:

Comments