

**UNSAFE CONDITION OR DEFECTIVE EQUIPMENT
UNITED TRANSPORTATION UNION**

Employee: Complete this form on any Unsafe Condition or Defective Equipment that you may find. 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 your UTU State Legislative Director.

Employee Name _____

Location _____

Date/Time _____, _____ at _____ am/pm

Supervisor Reported to _____
Name Title

Description of Unsafe Condition or Defect _____

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: Robert W. Guy, State Director, 8 S. Michigan Avenue, Suite 2006, Chicago, IL 60603