

BROTHERHOOD OF RAILROAD SIGNALMEN HOURS OF SERVICE ACT (Compliance Complaint Form)

A suspected violation of the Hours of Service Act occurred at or near M.P. _____, in the vicinity of _____ on the _____ division of the _____ railroad.

The work in question was performed on the following date and at the following time:

ACTUAL TIME WORKED THE DAY BEFORE, ON THE DAY OF THE VIOLATION, AND THE DAY AFTER

DAY BEFORE _____ <i>(date)</i>	DAY OF VIOLATION _____ <i>(date)</i>	DAY AFTER _____ <i>(date)</i>
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Start _____	Start _____	Start _____
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1st Meal Period _____	1st Meal Period _____	1st Meal Period _____
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2nd Meal Period _____	2nd Meal Period _____	2nd Meal Period _____
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End _____	End _____	End _____
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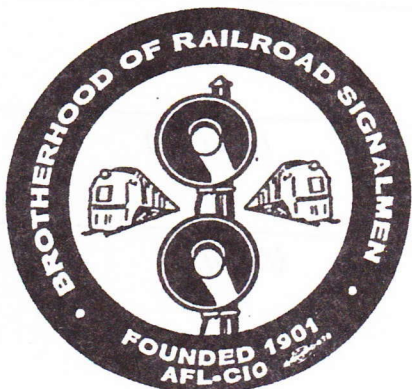
Employee (s) performing the work _____
(Name) *(Title)*

Regularly assigned work days: S M T W Th F S (circle appropriate days)

Regularly assigned work hours: Start: _____ End: _____ Lunch: _____

* * * * *

My name may () may not () be revealed to the Federal Inspector (check one)



(Name - Print)

(Signature)

(address)

(city) *(state)* *(zip)*

BROTHERHOOD OF RAILROAD SIGNALMEN

SIGNAL INSPECTION ACT (RS&I)

(Violation Complaint Form)

A violation of the Signal Inspection Act (RS&I) occurred at or near M.P. _____, in the vicinity of _____ on the _____ division of the _____ railroad.
(town-city)

The violation occurred on _____ at _____ and involved the following
(date) (time)
 _____ or _____
(trains) (signals) (individuals)

The violation was due to: _____

Employee reporting the violation: _____
(title) (name)

My name may () may not () be revealed to a Federal Inspector. (Check one)

Other remarks: _____

(The back of this form may be used for additional remarks)



Signed: _____

(title)

(address)

(city) (state) (zip)