



**Brotherhood of Locomotive Engineers
Illinois State Legislative Board
Crew Transportation Complaint Form**

- Date of occurrence. - _____
- Location. - _____
- Name of contract carrier. - _____
- Vehicle description (make, model, color, year, etc.). - _____

- License plate number & state of issue. - _____
- State of Illinois six month safety sticker displayed on front windshield? - _____
- List any mechanical defects noticed with vehicle.-

- Do you believe the driver has worked in excess of legal limit? - _____
- Name of the driver. - _____
- Your name. - _____
- B of LE division. - _____
- Name of railroad you work for. - _____
- Your home address. - _____
- Your telephone number. - _____
- Your Email address - _____

Mail form to:

**C. Edward Way, Chairman
BLE/ISLB
9119 Wedgewood Dr.
Fairview Heights, IL 62208-1056**