

On-board complaint procedure, Appendix II

For employees

Form to be filled in by an employee

1. WHAT DOES YOUR COMPLAINT CONCERN?

a) (course of events, time/dates, persons involved, rules or instructions breached, etc.)

b) (the problem or issue may be, for example, an error in the employment contract document, salary or working hours register, dangerous work equipment, inappropriate treatment, provision of medical care, inadequate housing and/or working conditions, etc.)

2. PROPOSAL FOR REMEDYING THE SITUATION

3. IS THE PROBLEM, ISSUE OR PART OF IT BEING DEALT WITH BY SOMEONE ELSE?

(employer, shop steward, trade union, police, occupational safety and health authority, other authority, occupational healthcare, etc.)

NO/YES, BY WHOM?

4. IDENTIFICATION DATA (fields marked with * must be filled in; a complaint can also be lodged without providing name and contact information)

* SHIP:

EMPLOYEE'S NAME:

EMPLOYEE'S POSITION:

CONTACT INFORMATION: (telephone number and email address)

NAME AND CONTACT DETAILS OF THE EMPLOYEE'S ASSISTANT: