

ABUSIVE MANAGEMENT OFFICIAL INCIDENT WORKSHEET

Your Name & Station _____ Date _____

Management Official's Name & Title _____

Date of Incident _____ Time of Incident _____

Location of Incident _____

Date Union was Notified _____

Victim(s) of Incident _____

Witnesses to incident _____

Description of abusive Incident _____

Was the incident provoked or unprovoked? _____

Previous EEO or other protected activity? _____

NATURE OF ABUSIVE EVENT (Check All That Apply)

Overly Demeaning	_____	Demeaning	_____
Sarcastic Remarks	_____	Yelling	_____
Threats of Discipline or Discharge	_____	Threats to take Victim off Clock	_____
Other Specific Threats	_____	Profanity	_____
Physical Threats	_____	Physical Gestures	_____
Physical Contact	_____	Other Specifics	_____

OTHER COMMENTS

Signature _____ Date _____

Please ensure the form is filled out completely and forward a copy to the Branch President