

ABUSIVE SUPERVISOR INCIDENT WORKSHEET

NAME: _____ DATE: ____/____/____

SUPERVISOR NAME: _____

DUTY STATION _____

INCIDENT DATE ____/____/____ TIME _____ AM PM

LOCATION OF INCIDENT _____

DATE UNION NOTIFIED ____/____/____

VICTIM(S) OF INCIDENT _____

WITNESSES TO INCIDENT _____

WILLING TO GIVE STATEMENT(s) _____

DESCRIPTION OF ABUSIVE INCIDENT _____

_____ CONTINUE ON ATTACHED SHEET? yes no

EEO/GRIEVANCE PREVIOUSLY FILED? YES NO EEO ON THIS EVENT? YES NO

NATURE OF ABUSIVE EVENT (CIRCLE ALL THAT APPLY)

- | | |
|-------------------------------------|--|
| 1) Overly Demeaning | 7) Other Specific Threats |
| 2) Demeaning | 8) Profanity |
| 3) Sarcastic Remarks | 9) Physical Threats |
| 4) Yelling | 10) Physical Gestures |
| 5) Threats of Discipline or Removal | 11) Physical Contact |
| 6) Threat to take Victim off Clock | 12) Other Specifics (Race, Religion, Gender, etc) |

USE BACK OF THIS FORM FOR ADDITIONAL COMMENTS

SPACE FOR ADDITIONAL COMMENTS

COPIES TO: SUPERVISOR STEWARD STATION MGR.

Grievant will keep original copy.