

Dignity & Respect Taskforce Abusive Management Incident Report NALC Branch No. 421



Your Name		Date
Date of Incident	Duty Station	Time of Incident
Supervisor/Manager's Name_		Time of Incident
Location of Incident Victim(s) of the Incident		
Witness(es) to Incident		
Description of Abusive Incider	nt	
	(Circle one per quest	ion)
(Provoked or Unprovoked) - E	EEO for this event: (Yes or I	No) - EEO Previously Filed: (Yes or No)
Natur	e of Abusive Event (Check	All That Apply)
1) Demeaning 2) Mu	utual Respect 3) Sarca	astic Remarks 4) Yelling
5)Threats of Discipline	or Discharge 6)Threa	ats to take Victim off Clock
7) Other Specific T	hreats 8) Profanity	9) Physical Threats
10) Physical Gestures	11) Physical Contact	12) Sexual Harassment
13) Other Specifics		
	Other Comments	
Signature:		Date: