



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



Your Name _____ Date _____

Date of Incident _____ Duty Station _____

Supervisor/Manager's Name _____ Time of Incident _____

Location of Incident _____

Victim(s) of the Incident _____

Witness(es) to Incident _____

Description of Abusive Incident _____

(Circle one per question)

(Provoked or Unprovoked) - EEO for this event: (Yes or No) - EEO Previously Filed: (Yes or No)

Nature of Abusive Event (Check All That Apply)

- 1) Demeaning _____ 2) Mutual Respect _____ 3) Sarcastic Remarks _____ 4) Yelling _____
- 5) Threats of Discipline or Discharge _____ 6) Threats to take Victim off Clock _____
- 7) Other Specific Threats _____ 8) Profanity _____ 9) Physical Threats _____
- 10) Physical Gestures _____ 11) Physical Contact _____ 12) Sexual Harassment _____
- 13) Other Specifics _____

Other Comments

Signature: _____ Date: _____