Ethics Violation Report

If you experienced harassment, intimidation or coercion from management, let us know!

Name:_____BEMSID:_____

Email:_____Phone:_____

Building/Work Area/Airplane Program:_____

Area Union Steward:_____Steward Phone:_____

Time/Date of Incident:_____

Brief description of incident:

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Manager's name who harrassed, intimidated or coerced:_____

Names of witnesses to incident:

_____

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Return this form to any Union Steward or any Union office.

NOTE: Union will ensure NO RETALIATION OR RETRIBUTION occurs because of reporting on this form.

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