

Abusive Management Incident Report

Date of Incident _____ Pay Location _____

Employee Name _____

Supervisor/Manager Name _____

Incident victim(s) and witness(es) _____

Are they willing to provide a statement? _____

Date Union notified _____

Description of Abuse (attach separate sheets if necessary) _____

Was an EEO or grievance previously filed? _____

Types of Abuse:

1. Verbal (Derogatory or sarcastic remarks)
2. Verbal (Yelling)
3. Verbal (Profanity)
4. Verbal (Racist or sexist remarks)
5. Threats (discipline, discharge, retaliation, walk employee off clock)
6. Physical gestures
7. Invading personal space
8. Physical contact
9. Other physical threats (throwing or smashing objects)
10. Other specific threats (describe)

Signature _____ Date _____