M. T. FINNAN BRANCH #522
NATIONAL ASSOCIATION OF LETTER CARRIERS
P.O. BOX 1241
BLOOMINGTON, IL 61702

Abusive Supervisor Incident Worksheet

Letter Carrier_____Date_____

Supervisor's Name_____ Duty Station_____

Date of Incident _____Time of Incident _____

Location of Incident_____

Date and Name of Union Official Notified _____

Victim(s) of Incident _____

Witnesses to Incident _____

_____

Description of Abusive Incident:

NATURE OF ABUSIVE EVENT

Demeaning _____

Yelling _____

Threats of Discipline or Discharge _____

Profanity _____

Physical Threats _____

Physical Gestures _____

Physical Contact _____

Other Specifics _____

Signature _____ Date_____