

SPECIAL PCL&CA SECTION 13.2 GRIEVANCE FORM
HARASSMENT, DISCRIMINATION & RETALIATION CLAIMS

COMPLAINT NUMBER: _____

If you believe you have been harassed, discriminated against, or retaliated against in violation of PCL&CA Section 13.2, or you wish to file a Grievance on behalf of someone else whose rights under Section 13.2 may have been violated, you must completely fill out the appropriate sections of this Form and file it according to the instructions on the last page, **within ten (10) calendar days** of the Prohibited Conduct you are complaining about. The Arbitrator will promptly schedule a hearing on the Grievance and will advise you of the date. After the hearing, the Arbitrator will promptly advise you and all other Parties in writing of his/her decision. The Arbitrator's decision will be final and binding unless timely appealed to the Coast Appeals Officer.

Copies of the Equal Employment Opportunity Policy and Procedures, including the Special Grievance/ Arbitration Procedures for Section 13.2 Grievances, may be obtained from any PMA Area or ILWU Local Office, and the joint dispatch halls. Review the Policy and Procedures for more details. This Form and the Policy and Procedures are subject to revision. Please ensure you are aware of the current Policy and Procedures. Keep a copy of this Form for your records. No one may be retaliated against for filing or supporting a discrimination or harassment Grievance.

I. WHO IS FILING THIS GRIEVANCE?

A. If This Grievance Is Being Filed By An ILWU Longshore Worker Or Clerk:

Full Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Grievant's Work Number (Registration, Identified Casual, or Unidentified Casual Number (if any), if none, please provide the last four digits of your Social Security Number), and ILWU Local:

You may ask your ILWU Local to appoint an ILWU representative for you or, if you prefer, you may have one registered (Class A or B) longshore worker or clerk assist you. (Please note that the Union is not responsible for the representation provided by representatives who are not appointed by the Union). Please check one:

- 1. I want my ILWU Local to appoint a representative for me.
- 2. I will designate a Class A or B worker to represent me.

If you have already arranged for a representative, write his/her:

Full Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Registration Number: _____

[Section I, Continued]

B. If This Grievance Is Being Filed By An Employer, The PMA, Or An ILWU Local:

Name of Party filing Grievance:

Full Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Name, address, phone and fax numbers of individual on whose behalf the Grievance is being filed:

Full Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

If s/he is an ILWU worker, state Work Number (Registration, Identified Casual, or Unidentified Casual Number (if any), if none, please provide the last four digits of his/her Social Security Number), and ILWU Local: _____

If s/he is not an ILWU worker, state his/her employer and relationship to the longshore work environment: _____

COMPLAINT NUMBER: _____

II. THIS GRIEVANCE ALLEGES:

Please check as many boxes as apply to this Grievance.

A. Discrimination Or Harassment Based On:

- Race
- Creed
- Color
- Age (forty or over)
- Sex (including gender, pregnancy, sexual orientation)
- National Origin
- Religious Beliefs
- Political Beliefs

B. Retaliation Related To A Discrimination Or Harassment Complaint Based On:

- Race
- Creed
- Color
- Age (forty or over)
- Sex (including gender, pregnancy, sexual orientation)
- National Origin
- Religious Beliefs
- Political Beliefs

C. Manner Of Alleged Discrimination, Harassment And/Or Retaliation:

- Physical
- Verbal
- Visual
- Unwelcome Romantic Or Sexual Attention
- Discriminatory Dispatch
- Discriminatory Job Assignments
- Discriminatory Discipline
- Other: _____

III. PROVIDE DETAILS OF THE GRIEVANCE

A. Date(s) Of Prohibited Conduct: _____

B. Location(s) Of Prohibited Conduct (including Employer and worksite, if applicable):

C. Identify The Accused, Witnesses And Those To Appear At The Hearing

For each individual listed below include, to the extent you know, his/her full name (please, no nicknames), job title, registration status (and work number, where known), employer, address, phone and fax numbers, and any other contact information you have. If an individual is not an ILWU worker, state his/her employer and relationship to the longshore work environment.

1. Who Committed The Prohibited Conduct?

Full Name: _____

Job Title: _____

If s/he is an ILWU worker, state Registration Status, Work Number (Registration, Identified Casual, or Unidentified Casual Number, if known), and ILWU Local:

If s/he is not an ILWU worker, state his/her employer and relationship to the longshore work environment:

Employer: _____

Address: _____

Phone Number: _____ Fax Number: _____

Other Contact Information: _____

2. Who Witnessed The Prohibited Conduct (If Anyone)?

Full Name: _____ Work Number (if any): _____

Address: _____

Phone Number: _____ Fax Number: _____

Other Information: _____

Full Name: _____ Work Number (if any): _____

Address: _____

Phone Number: _____ Fax Number: _____

Other Information: _____

Full Name: _____ Work Number (if any): _____

Address: _____

Phone Number: _____ Fax Number: _____

Other Information: _____

If you are aware of other witnesses, please attach additional pages.

3. Who Do You Want The Area Arbitrator To Direct To Appear At The Hearing?

Upon request by the Grievant or the Accused, the Area Arbitrator may direct material witnesses to appear at the hearing, so long as s/he receives the request at least five (5) calendar days before the hearing. Please identify below any material witnesses you want the Area Arbitrator to direct to appear at the hearing. For each individual listed below include, to the extent you know, his/her full name (please, no nicknames), job title, registration status (and work number, where known), employer, address, phone and fax numbers, and any other identifying/contact information you have. If after filing this Form you become aware of other material witnesses you want the Area Arbitrator to direct to attend the hearing, promptly send a written request to the Area Arbitrator, as long as it is at least five (5) calendar days before the hearing.

Full Name: _____ Work Number (if any): _____

___ If you already filled in the rest of this person's contact information in response to Item 2, above, you do not need to fill it in again here.

Address: _____

Phone Number: _____ Fax Number: _____

Other Information: _____

Full Name: _____ Work Number (if any): _____

___ If you already filled in the rest of this person's contact information in response to Item 2, above, you do not need to fill it in again here.

Address: _____

Phone Number: _____ Fax Number: _____

Other Information: _____

Full Name: _____ Work Number (if any): _____

___ If you already filled in the rest of this person's contact information in response to Item 2, above, you do not need to fill it in again here.

Address: _____

Phone Number: _____ Fax Number: _____

Other Information: _____

If you wish to request that other witnesses be directed to appear, please attach additional pages.

IV. PLEASE SIGN AND DATE: _____

V. HOW TO FILE THIS GRIEVANCE AND WHAT HAPPENS NEXT

Please **immediately** send this completed Form to the Area Arbitrator and to the JPLRC, c/o the PMA office, by facsimile or mail, where the incident occurred.

Southern California Area

Area Arbitrator David Miller
Attn: Section 13.2 Grievance
28364 S. Western Ave. #504
Ranchos Palos Verde, CA 90275
Facsimile: 310/545-2513

JPLRC, c/o Pacific Maritime Association
Attn: Section 13.2 Grievance
PO Box 21618, Long Beach, CA 90801-4443
Facsimile: 562/436-8252

Northern California Area

Area Arbitrator Gerald Sutliff
Attn: Section 13.2 Grievance
484 Lake Park Avenue, #475
Oakland, CA 94610
Facsimile: 510/886-8075

JPLRC, c/o Pacific Maritime Association
Attn: Section 13.2 Grievance
500 Twelfth Street, Suite 310, Oakland, CA 94607-4010
Facsimile: 510/839-0285

Washington & Puget Sound Area

Area Arbitrator Randy C. Vekich
Attn: Section 13.2 Grievance
201 Union Ave. S. E. Unit #116
Renton, WA 98059-5178
Facsimile: 425/671-0989

JPLRC, c/o Pacific Maritime Association
Attn: Section 13.2 Grievance
PO Box 9348, Seattle, WA 98109-0348
Facsimile: 206/298-3469

Oregon Coast & Columbia River Area

Area Arbitrator Jan R. Holmes
Attn: Section 13.2 Grievance
29030 SW Town Center Loop
East Suite 202, #167
Wilsonville, OR 97070-5499
Facsimile: 503/694-5326

JPLRC, c/o Pacific Maritime Association
Attn: Section 13.2 Grievance
One Main Place, 101 S. W. Main Street, Suite 330
Portland, OR 97204-3277
Facsimile: 503/827-4049

The section below is for use by the Arbitrator and/or the JPLRC.

Date and manner (mail, fax) of receipt: _____

Distribute Entire Form: Copy to ILWU Local Union(s) & PMA Area Office

Distribute Sections II – V Only: Copy to JPLRC, Accused(s), other Parties (involved Employer, etc.; identify here: _____)