

**SPECIAL PCWB&F A SECTION 13.2 GRIEVANCE FORM
HARASSMENT, DISCRIMINATION & RETALIATION CLAIMS**

If you believe you have been harassed, discriminated against, or retaliated against in violation of PCWB&FA 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 fifteen (15) calendar days** of the Prohibited Conduct you are complaining about.

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. Please promptly review the Policy and Procedures. Be advised that 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 Foreman or Walking Boss:

Grievant's name, address, phone & fax number(s): _____

Grievant's Registration: _____

You may ask your ILWU Local to appoint an ILWU representative for you or, if you prefer, you may have one registered Foreman or Waling Boss 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 IL WU Local to appoint a representative for me.
- ___ 2. I will designate a Foreman/Walking Boss to represent me.
If you have already arranged for a representative, write his/her name,
address, phone and fax numbers here: _____

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

Name of Party filing Grievance, with name, address, phone and fax numbers of individual to be contacted about it: _____

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

If s/he is an IL WU worker, state Registration or Identified Casual or Unidentified Casual Number (if any) (if none, please provide Social Security Number), and IL WU Local: _____

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

Individual Or Entity Filing Grievance: _____
Aggrieved Individual(s) (if different): _____

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: _____

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 name, job title, registration status, employer, address, phone and fax numbers, and any other contact information you have.

1. Who Committed The Prohibited Conduct?

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

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

The Area Arbitrator may direct material witnesses to appear at the hearing, so long as s/he receives your request(s) at least five (5) calendar days before the hearing. 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.

IV. PLEASE SIGN AND DATE: _____

Individual Or Entity Filing Grievance: _____

Aggrieved Individual(s) (if different): _____

V. HOW TO FILE THIS GRIEVANCE AND WHAT HAPPENS NEXT

Please **immediately** send this completed Form to the Arbitrator where the incident occurred, by facsimile or mail, with a copy, by facsimile or mail, to the JPLRC c/o the PMA office in the Area where the incident occurred. **(You only have to send the Form to the Arbitrator and JPLRC, c/o PMA, in the Area where the incident occurred).**

Southern California Area

Area Arbitrator Mr. David Miller
Attn: Section 13.2 Grievance
28364 Southwestern Avenue, #504
Rancho Palos Verdes, 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 Mr. Terry N. Lane
Attn: Section 13.2 Grievance
P. O. Box 241, Alamo, CA 94507
Facsimile: 925/362-0651

JPLRC, c/o Pacific Maritime Association
Attn: Section 13.2 Grievance
475 14th Street, Ste. 300, Oakland, CA 94612
Facsimile: 510/839-0285

Washington & Puget Sound Area

Area Arbitrator Mr. Herald C. Ugles
Attn: Section 13.2 Grievance
P.O. Box 1146, Poulsbo, WA 98370-1146
Facsimile: 360/697-3576

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

Oregon Coast & Columbia River Area

Area Arbitrator Ms. 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 97204-0330
Facsimile: 503/827-4049

Individual Or Entity Filing Grievance: _____
Aggrieved Individual(s) (if different): _____

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. Please see the Section 13.2 Procedures for more details. Please keep a copy of this Form for your records.

This Form, and the Policy and Procedures, are subject to revision. Please ensure you are aware of the current Policy and Procedures.

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

Date and manner (mail, fax) of receipt:

Distribute Entire Form

Copy to the ILWU Local Union(s) & PMA Area Office

PCWBFA Grievance Form 05-06-10.doc
