

SPECIAL LOCAL 75 WATCHMEN'S AGREEMENT SECTION 16 APPEAL FORM
HARASSMENT, DISCRIMINATION & RETALIATION CLAIMS

COMPLAINT NUMBER: _____

If you wish to appeal a decision of the Area Arbitrator on a Watchmen's Agreement Section 16 Grievance, 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** from the date the Area Arbitrator mailed his/her decision to you. The Coast Appeals Officer will promptly review your Appeal. Any Party may file a Response or Opposition to the Appeal within ten (10) calendar days of when the Coast Appeals Officer received the Appeal, which in this case was _____. The Coast Appeals Officer will not hold a hearing, but will rule on your appeal based solely on the written record of the hearing (the transcript of the hearing and its exhibits, and the decision received from the Area Arbitrator). The Coast Appeals Officer will promptly advise the Parties in writing of his ruling, which will be final and binding and without further appeals, including to the Coast Arbitrator.

The ILWU-PMA Equal Employment Opportunity Policy and Procedures, including the Special Grievance/ Arbitration Procedures for Section 13.2 Grievances, have been adopted under Section 16 of the Watchmen's Agreement. Copies of these documents may be obtained from the PMA Northern California Area or ILWU Local 75 offices, and are also available at PMANET.ORG. 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 Appeal Form for your records.

No one may be retaliated against for filing or supporting a discrimination or harassment Grievance.

I. IDENTIFY WHO IS APPEALING

Name: _____

If you are an ILWU Local 75 watchman, state your Work Number (Registration or Payroll Number (if any), if none, the last four digits of your Social Security Number): _____

Address: _____

Phone Number: _____ **Fax Number:** _____

COMPLAINT NUMBER: _____

II. EXPLAIN THE BASIS FOR THE APPEAL

Please carefully and completely explain why you believe any part of the Area Arbitrator's decision was wrong. Include all arguments you wish to be considered with respect to your Appeal. If you feel you need to attach additional pages, please do so.

III. PLEASE SIGN AND DATE:_____

IV. HOW TO FILE THIS APPEAL AND WHAT HAPPENS NEXT

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

Watchmen's JPLRC, c/o PMA:

JPLRC, c/o Pacific Maritime Association

Attn: Watchman Section 16 Grievance
475 14th Street, Suite 300, Oakland, CA 94612
Facsimile: 510/839-0285

The section below is for use by the Coast Appeals Officer.

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

Distribute Entire Form: Copy to 75 the PMA Northern California Area Office and ILWU Local 75 offices

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