

**SPECIAL PCWB&FA 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 Walking 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 ILWU 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 ILWU 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 ILWU worker, state Registration or Identified Casual or Unidentified Casual Number (if any) (if none, please provide 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: _____

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 Disability

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 Disability

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

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

Southern California Area

13.2 Arbitrator and JPLRC, c/o Pacific Maritime Association

Attn: Section 13.2 Grievance

P.O. Box 21618, Long Beach, CA 90801-4443

Facsimile: 562/684-0155

Northern California Area

13.2 Arbitrator and JPLRC, c/o Pacific Maritime Association

Attn: Section 13.2 Grievance

475 14th Street, Suite 300, Oakland, CA 94612

Facsimile: 510/839-0285

Washington & Puget Sound Area

13.2 Arbitrator and 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

13.2 Arbitrator and JPLRC, c/o Pacific Maritime Association

Attn: Section 13.2 Grievance

One Main Place, 101 SW Main Street, Suite 330

Portland, OR 97204-3277

Facsimile: 503/827-4049

VI. WHAT HAPPENS NEXT

The Arbitrator will promptly review your Grievance and advise you when or whether it will be set for a hearing. The Arbitrator has the discretion to decide whether to hold a hearing on a threshold issue (such as timeliness or whether the Grievance states a claim falling within Section 13.2's categories) before deciding whether to hear the merits of the Grievance. It is very important that you write on this Form, honestly and to the best of your ability, why you believe your claim is proper under Section 13.2, both in the type of Prohibited Conduct, its timeframe, and its connection with the PCWB&FA. 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 (including decisions on threshold issues such as timeliness, and whether a claim falls within Section 13.2's categories) unless it is timely appealed to the Coast Appeals Officer.

Should you wish to appeal a decision by the Arbitrator, you must, **within fifteen (15) calendar days** from the date the decision is mailed to you, send a completed Appeal Form to the Coast Appeals Officer and the JPLRC. The Coast Appeals Officer will not hold a hearing, but will rule on your appeal based solely on the written record (the transcript of any 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/her ruling, which will be final and binding and without further appeals, including to the Coast Arbitrator. A blank Appeal Form with more details and the necessary contact information will be sent to you with the Arbitrator's decision, and is also available at PMA Area Offices, ILWU Local Offices, joint dispatch halls, and on PMANET.ORG.

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 Form w/o Complainant's Contact Information (in Section I): Copy to JPLRC, Accused(s), other Parties (involved Employer, etc.; identify here: _____