



CWA Local 4320

Diversity Committee Incident Report

After completing this form please contact the Committee Chair, James Ross at 614-743-4038 to arrange for submission.

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Your Name: _____

Non-Company Phone Number: _____

Non-Company E-mail Address: _____

Your Work Location:

Location where incident occurred: _____

Date incident occurred: _____

Time Incident Occurred: _____

Names of Other People who may have witnessed the incident: _____

Was this incident reported to the Employer: Yes No

If yes who was it reported to: _____

Date it was reported (if applicable): _____

Has the incident been discussed with the other party: Yes No Date: _____

Please provide a description of the incident or situation you are reporting: _____

(Description of incident continued)

(Attach additional sheets if necessary)

Describe any evidence that may be available that would help us investigate this: _____

(If you have any of this evidence, please attach it to this document)

Please explain what you would like done to resolve this situation: _____

Additional information you would like to share: _____
