



Record the Facts

(Who, What, Where, When & Witnesses)

If you believe an employer representative has violated the law, please complete this form and return it to your IAM&AW Representative immediately. Be as specific as you can about the incident and include direct quotes if possible.

On or about _____, 20 _____, at _____, in or near

(Date)

(Time)

(Location)

the following employer representative(s) _____,

(Names and Titles)

were involved in the incident described below:

(Attach additional sheets if necessary)

This incident was witnessed by:

(Names of witnesses)

Name _____

(Print)

(Sign)

Address _____

City _____, State _____ Zip code _____

Date of Statement _____ Phone _____