

**HARASSMENT/INTIMIDATION FORM**  
**UNITED TRANSPORTATION UNION**

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Today's Date: \_\_\_\_\_ I feel that I have been harassed and/or intimidated by  
Officers or Employees of \_\_\_\_\_ Railroad after an incident or  
injury I experienced while on duty.

Date of Injury/Incident: \_\_\_\_\_

Place of Injury/Incident: \_\_\_\_\_

Person Who Harassed/Intimidated Me: \_\_\_\_\_

His/Her Title: \_\_\_\_\_

Circumstances of Harassment/Intimidation: \_\_\_\_\_

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I was threatened with disciplinary action? Yes  No

By Whom:	_____	_____
	Name	Title
When:	_____	_____
	Date	Time
Where:	_____	_____
	City	State
How:	_____	_____
	_____	_____
	_____	_____

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Local #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State/Zip Code

If you have any other comments, please use the back of this form and promptly return to State Legislative Director.

Return to: Robert W. Guy, State Director, 8 S. Michigan Avenue, Suite 2006, Chicago, IL 60603