

**HARASSMENT/INTIMIDATION
INJURY REPORT**

I feel that I have been harassed and/or intimidated by Officers or employees of _____ Railroad after I was injured on the job.

Date of Injury: _____

Place of Injury: _____

Person who Harassed or Intimidated me: _____

His or Her Title: _____

Circumstances of the Harassment or Intimidation: _____

I was Threatened With Disciplinary Action: YES _____ NO _____

By Whom: _____

His/Her Title: _____

When: _____

Where: _____

How: _____

WITNESSES: _____

NAME: _____

ADDRESS: _____

SSN.: _____

Ph. No.: _____

DATE: _____

COMPLETE AND MAIL THIS FORM TO YOUR UNION REPRESENTATIVE ASAP!