

ABUSIVE SUPERVISOR INCIDENT WORKSHEET

Your Name _____ Date _____

Supervisor's Name _____ Duty Station _____

Date of Incident _____ Time of Incident _____

Location of Incident _____

Date Union Notified _____

Victim(s) of Incident _____

Witnesses to Incident _____

Description of Abusive Incident _____

Provoked or Unprovoked _____

EEO Previously Filed? _____

EEO for this Event? _____

NATURE OF ABUSIVE EVENT (Check All That Apply)

- | | |
|---|---|
| 1) Overly Demeaning _____ | 2) Demeaning _____ |
| 3) Sarcastic Remarks _____ | 4) Yelling _____ |
| 5) Threats of Discipline or Discharge _____ | 6) Threats to take Victim off Clock _____ |
| 7) Other Specific Threats _____ | 8) Profanity _____ |
| 9) Physical Threats _____ | 10) Physical Gestures _____ |
| 11) Physical Contact _____ | 12) Other Specifics _____ |

OTHER COMMENTS

Signature _____ Date _____