

ABUSIVE SUPERVISOR INCIDENT WORKSHEET

NAME: _____ DATE: ____/____/____

SUPERVISOR NAME: _____

DUTY/STATION: _____

INCIDENT DATE: ____/____/____ TIME: _____ AM PM

LOCATION OF INCIDENT: _____

DATE UNION NOTIFIED: ____/____/____

VICTIM(S) OF INCIDENT: _____

WITNESSES TO INCIDENT: _____

WILLING TO GIVE STATEMENT(S): _____

DESCRIPTION OF ABUSIVE INCIDENT: _____

EEO/GRIEVANCE PREVIOUSLY FILED: YES NO

EEO ON THIS EVENT: YES NO

NATURE OF ABUSIVE EVENT (CIRCLE ALL THAT APPLY)

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|--|--|
| 1) Overly demeaning | 8) Profanity |
| 2) Demeaning | 9) Physical Threats |
| 3) Sarcastic Remarks | 10) Physical Gestures |
| 4) Yelling | 11) Physical Contact |
| 5) Threats of Discipline or Removal | 12) Other Specifics (Race, Religion, Gender, etc.) |
| 6) Threat to take the Victim Off Clock | |
| 7) Other Specific Threats | |

USE BACK OF FORM FOR ADDITIONAL COMMENTS