



### UNFAIR LABOR PRACTICE REPORT

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job: \_\_\_\_\_

Date of this report: \_\_\_\_\_ Date of incident: \_\_\_\_\_

#### FACTS ABOUT INCIDENT

Where: \_\_\_\_\_ Time: \_\_\_\_\_

Names or other ID of managers involved: \_\_\_\_\_

Witnesses? Y/N Names or other ID \_\_\_\_\_

#### CHECK ONE AND FILL IN THE BLANK:

**Threat:** What was said? \_\_\_\_\_

**Questioning:** What was asked and answered? \_\_\_\_\_

**Promise of benefit for not doing union activity:** What was said? \_\_\_\_\_

**Surveillance:** Who did it? \_\_\_\_\_

How did they do it (eyes, ears, camera, tape recorder)? \_\_\_\_\_

**Anything said against the union or strikes?** What was said and by whom? \_\_\_\_\_

**Change in working conditions, rules or policies?** What? \_\_\_\_\_

**Discrimination:**

Please send the completed form to [hwelander@wsna.org](mailto:hwelander@wsna.org) or use the Submit Form button below.

