

**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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTINUE ON ATTACHED SHEET? yes no

EEO/GRIEVANCE PREVIOUSLY FILED? YES NO EEO ON THIS EVENT? YES NO

**NATURE OF ABUSIVE EVENT (CIRCLE ALL THAT APPLY)**

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

**USE BACK OF THIS FORM FOR ADDITIONAL COMMENTS**