

**HARASSMENT/INTIMIDATION FORM  
UNITED TRANSPORTATION UNION**

Today's Date: \_\_\_\_\_ I feel that I have been harassed and/or intimidated by  
Officers or Employees of \_\_\_\_\_ Railroad after an incident or  
injury I experienced while on duty.

Date of Injury/Incident: \_\_\_\_\_

Place of Injury/Incident: \_\_\_\_\_

Person Who Harassed/Intimidated Me: \_\_\_\_\_

His/Her Title: \_\_\_\_\_

Circumstances of Harassment/Intimidation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I was threatened with disciplinary action?    Yes                       No

By Whom:	_____	_____
	Name	Title
When:	_____	_____
	Date	Time
Where:	_____	_____
	City	State
How:	_____	_____

\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_  
City State/Zip Code

If you have any other comments, please use the back of this form and promptly return to State Legislative Director.

Return to: Joseph C. Szabo, State Director, 8 S. Michigan Ave., Suite 2006, Chicago, IL 60603