RETALIATION DOCUMENTATION FORM

!! COMPLETE THIS FORM SAME DAY. Store copy off company property. Do not sign severance without a labor attorney.

1. INCIDENT BASICS

YOUR NAME (OPTIONAL) _____ WHO DID THIS (NAME/TITLE) _____ DATE & TIME _____

YOUR DEPARTMENT _____ LOCATION OF INCIDENT _____ IN RESPONSE TO UNION ACTIVITY? ☐ YES ☐ NO

PERFORMANCE HISTORY: MOST RECENT REVIEW DATE + RATING / ANY PRIOR DISCIPLINE?

_____

2. WHAT HAPPENED (QUOTE DIRECTLY IF POSSIBLE)

Continue on the back of this page if you need more space.

3. UNION ACTIVITY THAT PRECEDED THIS INCIDENT

WHEN DID THE EMPLOYER LEARN OF YOUR UNION ACTIVITY, AND HOW?

_____

4. WITNESSES

NAME	TITLE	HOW TO REACH THEM

☐ No witnesses: it was a one-on-one

WHAT DID YOU DO IMMEDIATELY AFTER? (TOLD A COWORKER, TEXTED A FRIEND. CONTEMPORANEOUS CORROBORATION COUNTS)

_____

5. IMMEDIATE NEXT STEPS

☐ File NLRB ULP charge free within 6 months

☐ Save all relevant communications on personal device

☐ Consult labor attorney before signing severance

☐ Notify your organizing committee

DEADLINE TO FILE (INCIDENT DATE + 6 MONTHS): _____

File ULP charges FREE at nlrb.gov | Regional offices: nlrb.gov/about-nlrb/who-we-are/regional-offices