Notice: In CLRC Mtg. No. 19-20, the Coast Labor Relations Committee (CLRC) agreed to suspend for the next 60 days the scheduling of hearings on Section 13.2 claims during the COVID-19 health crisis. Grievances that meet the Section 13.2 criteria will be heard in the order that they were filed once this 60 day suspension of the hearing process ends.

Special PCL&CA Section 13.2 Grievance Form
Harassment, Discrimination & Retaliation Claims

Section 13.2 sets forth a special procedure by which certain types of harassment, discrimination, and retaliation claims in connection with any action subject to the terms of the PCL&CA are processed pursuant to the PCL&CA. This special procedure – and this Grievance Form – are only to be used for claims of discrimination or harassment based upon categories listed in Section 13.2 (race, creed, color, sex [including gender, pregnancy], sexual orientation, age [forty or over], national origin, religious beliefs, political beliefs, or disability), and for claims of retaliation based on having in good faith brought or participated in the investigation/resolution of such a claim. Copies of the Equal Employment Opportunity Policy and Procedures, including the Special Grievance/Arbitration Procedures for Section 13.2 Grievances, are included in the ILWU-PMA Handbook, may be obtained from any PMA Area or ILWU Local Office and the joint dispatch halls, and are also available at PMANET.ORG. Please review the Policy and Procedures for more details. Please review Sections 13.3 and 17.4 of the PCL&CA for more information about procedures that may be available for types of discrimination claims which are not eligible for handling under Section 13.2’s procedures.

If you believe you have been harassed, discriminated against, or retaliated against in violation of PCL&CA Section 13.2, or you wish to file a Grievance on behalf of someone else whose rights under Section 13.2 may have been violated, you must completely fill out the appropriate sections of this Form and file it according to the instructions on the last page, within fifteen (15) calendar days of the Prohibited Conduct about which you are complaining. The industry takes these complaints extremely seriously. They require time and commitment by all concerned, impose burdens on witnesses called to testify, and place burdens and serious risks upon those accused of misconduct. It is important that Grievances not be filed without an honest belief that Section 13.2 has been violated, and that when you file a Grievance, you follow through with it, that you testify in support of it, that you identify appropriate witnesses only, and that you do not cancel or attempt to postpone hearings unnecessarily. No one may be retaliated against for filing or supporting a discrimination or harassment Grievance in good faith.

This Form and the Policy and Procedures are subject to revision. Please ensure you are aware of the current Policy and Procedures. Keep a copy of this Form for your records.

I. Who is Filing This Grievance?
A. If This Grievance Is Being Filed By An ILWU Longshore Worker Or Clerk:

Full Name: ________________________________
Address: _______________________________________________________________________
Phone Number: ________________________ Fax Number: _______________________________
Grievant’s Work Number (Registration, Identified Casual, or Unidentified Casual Number (if any), if none, please provide the last four digits of your Social Security Number), and ILWU Local:

______________________________________________________________________________
You may ask your ILWU Local to appoint an ILWU representative for you or, if you prefer, you may have one registered (Class A or B) longshore worker or clerk assist you. (Please note that the Union is not responsible for the representation provided by representatives who are not appointed by the Union). Please check one:

___ 1. I want my ILWU Local to appoint a representative for me.
___ 2. I will designate a Class A or B worker to represent me.

If you have already arranged for a representative, write his/her:
Full Name: ________________________________________________________________________
Address: __________________________________________________________________________
Phone Number: ___________________________   Fax Number: _____________________________
Registration Number: _______________________

B. If This Grievance Is Being Filed By An Employer, The PMA, Or An ILWU Local:

Name of Party filing Grievance:
Full Name: ________________________________________________________________________
Address: __________________________________________________________________________
Phone Number: ___________________________   Fax Number: _____________________________

Name, address, phone and fax numbers of individual on whose behalf the Grievance is being filed:
Full Name: ________________________________________________________________________
Address: __________________________________________________________________________
Phone Number: ___________________________   Fax Number: _____________________________

If s/he is an ILWU worker, state Work Number (Registration, Identified Casual, or Unidentified Casual Number (if any), if none, please provide the last four digits of his/her Social Security Number), and ILWU Local: _______________________________________________________________________

If s/he is not an ILWU worker, state his/her employer and relationship to the longshore work environment:__________________________________________________________________________________________

__________________________________________________________________________________

II. THIS GRIEVANCE ALLEGES:

Please check as many boxes as apply to this Grievance.

A. Discrimination Or Harassment Based On:

- Race: (Yours _________; the Accused’s ______________)
- Creed: (Yours _________; the Accused’s ______________)
- Color: (Yours _________; the Accused’s ______________)
COMPLAINT NUMBER: ________________________________

- Age (forty or over): (Yours _________; the Accused’s ______________)
- Sex (including gender, pregnancy): (Yours _________; the Accused’s ______________)
- Sexual orientation: (Yours _________; the Accused’s ______________)
- National Origin: (Yours _________; the Accused’s ______________)
- Religious Beliefs: (Yours _________; the Accused’s ______________)
- Political Beliefs: (Yours _________; the Accused’s ______________)
- Disability: (Yours _________; the Accused’s ______________)
B. ☐ Retaliation Related To Filing or Supporting A Prior Discrimination Or Harassment Complain Based On One Or More Of The Categories Covered By Section 13.2

If you claim to have been retaliated against with respect to a filing or supporting a prior complaint of discrimination or harassment based upon one or more of the categories covered by Section 13.2, please describe that prior complaint in detail in Section III, identify its basis (was it based on race, creed, color, age [forty or over], sex [including gender, pregnancy], sexual orientation, national origin, religious beliefs, political beliefs, or disability), and your role in it (for example, did you file a grievance, or did you testify in support of a grievance).

III. PROVIDE DETAILS OF THE GRIEVANCE

A. Date(s) Of Prohibited Conduct:

You are required to file this Form within fifteen (15) calendar days of the Prohibited Conduct you are complaining about. Complying with this timeline is important to ensure fair treatment of all concerned, and to enable the industry to promptly address problems. The Arbitrator will deny your Grievance if filed late, unless the Arbitrator, in his/her sound discretion, decides to excuse the lateness for good cause. If you are filing this Form late and wish to request a waiver of the deadline from the Arbitrator please explain here in detail why you were unable to comply with the deadline:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

B. Location(s) Of Prohibited Conduct (including Employer and worksite, if applicable):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

C. Identify The Accused, Witnesses And Those To Appear At The Hearing

For each individual listed below include, to the extent you know, his/her full name (please, no nicknames), job title, registration status (and work number, where known), employer, address, phone and fax numbers, and any other contact information you have. If an individual is not an ILWU worker, state his/her employer and relationship to the longshore work environment.

1. Who Committed The Prohibited Conduct?

Full Name: ________________________________
Job Title: ________________________________

If s/he is an ILWU worker, state Registration Status, Work Number (Registration, Identified Casual, or Unidentified Casual Number, if known), and ILWU Local:
COMPLAINT NUMBER: ________________________________

If s/he is not an ILWU worker, state his/her employer and relationship to the longshore work environment:_______________________________________________________________________
__________________________________________________________________________________

Employer:_________________________________________________________________________
Address:__________________________________________________________________________
Phone Number: ___________________________   Fax Number: _____________________________
Other Contact Information:____________________________________________________________

2. Who Witnessed The Prohibited Conduct (If Anyone)?

Full Name: _______________________  Work Number (if any): __________________
Address: _______________________________________________________________
Phone Number: __________________________  Fax Number: ____________________
Other Information: ________________________________________________________
________________________________________________________________________
________________________________________________________________________
Full Name: _______________________  Work Number (if any): __________________
Address: _______________________________________________________________
Phone Number: __________________________  Fax Number: ____________________
Other Information: ________________________________________________________
________________________________________________________________________
________________________________________________________________________

Full Name: _______________________  Work Number (if any): __________________
Address: _______________________________________________________________
Phone Number: __________________________  Fax Number: ____________________
Other Information: ________________________________________________________
________________________________________________________________________
________________________________________________________________________

If you are aware of other witnesses, please attach additional pages.

3. Who Do You Want The Area Arbitrator To Direct To Appear At The Hearing?

Upon request by the Grievant or the Accused, the Area Arbitrator may direct material witnesses to appear at the hearing, so long as s/he receives the request at least five (5) calendar days before the hearing. Please identify below any material witnesses you want the Area Arbitrator to direct to appear at the hearing. For each individual listed below include, to the extent you know, his/her full name (please, no nicknames), job title, registration status (and work number, where known), employer, address, phone and fax numbers, and any other identifying/contact information you have. If after filing this Form you become aware of other material witnesses you want the Area Arbitrator to direct to attend the hearing, promptly send a written request to the Area Arbitrator, as long as it is at least five (5) calendar days before the hearing.
COMPLAINT NUMBER: ________________________________

Full Name: __________________________ Work Number (if any): __________________________
___ If you already filled in the rest of this person’s contact information in response to Item 2, above, you do not need to fill it in again here.
Address: ___________________________________________
Phone Number: __________________ Fax Number: __________________
Other Information: __________________________________________
________________________________________________________________________________________

Full Name: __________________________ Work Number (if any): __________________________
___ If you already filled in the rest of this person’s contact information in response to Item 2, above, you do not need to fill it in again here.
Address: ___________________________________________
Phone Number: __________________ Fax Number: __________________
Other Information: __________________________________________
________________________________________________________________________________________

Full Name: __________________________ Work Number (if any): __________________________
___ If you already filled in the rest of this person’s contact information in response to Item 2, above, you do not need to fill it in again here.
Address: ___________________________________________
Phone Number: __________________ Fax Number: __________________
Other Information: __________________________________________
________________________________________________________________________________________

If you wish to request that other witnesses be directed to appear, please attach additional pages.

D. Details Of The Grievance:

Please carefully, completely, and honestly describe the Prohibited Conduct you are complaining about. Include all facts you wish to be considered with respect to your Grievance. Describe why you believe the conduct you are complaining about is discrimination or harassment based on one or more of the categories covered by Section 13.2 (race, creed, color, age [forty or over], sex [including gender, pregnancy], sexual orientation, national origin, religious beliefs, political beliefs, disability). If you claim to have been retaliated against with respect to a filing or supporting a prior complaint of discrimination or harassment based upon one or more of the categories covered by Section 13.2, please describe who was involved in that prior complaint, what it was based on (race, creed, color, age [forty or over], sex [including gender, pregnancy], sexual orientation, national origin, religious beliefs, political beliefs, or disability), and your role in it (for example, did you file a grievance, or did you testify in support of a grievance). Describe how the discrimination, harassment, and/or retaliation occurred (for example, was it physical, verbal, visual, unwelcome romantic or sexual attention, discriminatory dispatch, discriminatory job assignments, discriminatory discipline). If you feel you need to attach additional pages, please do so.
COMPLAINT NUMBER: ________________________________

IV. PLEASE SIGN AND DATE: ____________________________________________________________________
V. HOW TO FILE THIS GRIEVANCE

Please immediately send this completed Form to the Area Arbitrator and the JPLRC where the incident occurred, c/o the PMA office, by facsimile or mail:

Southern California Area
13.2 Arbitrator and JPLRC, c/o Pacific Maritime Association
Attn: Section 13.2 Grievance
P.O. Box 21618, Long Beach, CA 90801-4443
Facsimile: 562/684-0155

Northern California Area
13.2 Arbitrator and JPLRC, c/o Pacific Maritime Association
Attn: Section 13.2 Grievance
475 14th Street, Suite 300, Oakland, CA 94612
Facsimile: 510/839-0285

Washington & Puget Sound Area
13.2 Arbitrator and JPLRC, c/o Pacific Maritime Association
Attn: Section 13.2 Grievance
P.O. Box 9348, Seattle, WA 98109-0348
Facsimile: 206/298-3469

Oregon Coast & Columbia River Area
13.2 Arbitrator and JPLRC, c/o Pacific Maritime Association
Attn: Section 13.2 Grievance
One Main Place, 101 SW Main Street, Suite 330
Portland, OR 97204-3277
Facsimile: 503/827-4049
VI. WHAT HAPPENS NEXT

The Arbitrator will promptly review your Grievance and advise you when or whether it will be set for a hearing. The Arbitrator has the discretion to decide whether to hold a hearing on a threshold issue (such as timeliness or whether the Grievance states a claim falling within Section 13.2’s categories) before deciding whether to hear the merits of the Grievance. Please note that in CLRC Mtg. No. 19-20, the Coast Labor Relations Committee (CLRC) agreed to suspend for the next 60 days the scheduling of hearings on Section 13.2 claims during the COVID-19 health crisis. Grievances that meet the Section 13.2 criteria will be heard in the order that they were filed once this 60 day suspension of the hearing process ends. It is very important that you write on this Form, honestly and to the best of your ability, why you believe your claim is proper under Section 13.2, both in the type of Prohibited Conduct, its timeframe, and its connection with the PCL&CA. The Arbitrator will promptly advise you and all other Parties in writing of his/her decision. The Arbitrator’s decision will be final and binding (including decisions on threshold issues such as timeliness, and whether a claim falls within Section 13.2’s categories) unless it is timely appealed to the Coast Appeals Officer.

Should you wish to appeal a decision by the Arbitrator, you must, within fifteen (15) calendar days from the date the decision is mailed to you, send a completed Appeal Form to the Coast Appeals Officer and the JPLRC. The Coast Appeals Officer will not hold a hearing, but will rule on your appeal based solely on the written record (the transcript of any hearing and its exhibits, and the decision received from the Area Arbitrator). The Coast Appeals Officer will promptly advise the Parties in writing of his/her ruling, which will be final and binding and without further appeals, including to the Coast Arbitrator. A blank Appeal Form with more details and the necessary contact information will be sent to you with the Arbitrator’s decision, and is also available at PMA Area Offices, ILWU Local Offices, joint dispatch halls, and on PMANET.ORG.

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The section below is for use by the Arbitrator and/or the JPLRC.

Date and manner (mail, fax) of receipt: ____________________________________________

Distribute Entire Form: Copy to ILWU Local Union(s) & PMA Area Office

Distribute Form w/o Complainant’s Contact Information (in Section I): Copy to JPLRC, Accused(s), other Parties (involved Employer, etc.; identify here):