Note that in COWB Meeting No. 03-20, the Joint Walking Boss & Foreman Coast Labor Relations Committee (JWB&FCLRC) 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.

**IMPORTANT NOTICE OF GRIEVANCE & HEARING**
**PCWB&FA SECTION 13.2**
**HARASSMENT, DISCRIMINATION & RETALIATION CLAIMS**

**ATTENTION:** A Grievance has been filed by/on behalf of ________________________________________________
which accuses ___________________________________________________________, of discrimination, harassment and/or retaliation in violation of PCWB&FA Section 13.2.

A copy of the Grievance is enclosed.

No one may be retaliated against for filing or supporting a complaint of discrimination or harassment. Section 13.2 proceedings are to be treated as confidential to protect the privacy rights of those involved.

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

**NOTICE OF HEARING**

**TO ALL INVOLVED PARTIES:**

Note that in COWB Meeting No. 03-20, the Joint Walking Boss & Foreman Coast Labor Relations Committee (JWB&FCLRC) 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.

The Area Arbitrator has scheduled a hearing on the Grievance for (date & time)_____________, at (location) _____________________________.

The Grievant, Accused, and all material witnesses directed by the Area Arbitrator must attend the hearing. The Grievant and any walking boss accused of violating Section 13.2 may each have one representative attend, who will either be a registered worker of his/her choice or appointed by the ILWU Local. Additionally, two persons may attend the hearing on behalf of, respectively, the involved ILWU Local(s), PMA, and the involved Employer.
After the hearing, the Arbitrator will promptly advise all Parties in writing of his/her decision. The Arbitrator’s decision will be final and binding unless timely appealed to the Coast Appeals Officer. The Coast Appeals Officer will not hold a hearing but will rule on appeals 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. Please see the Section 13.2 Procedures and the Grievance Form for more details.
NOTICE TO THE ACCUSED

If you have been accused of violating Section 13.2, please review the following and promptly mail or fax this Form back to the Area Arbitrator. It is extremely important that the accused attend the hearing as scheduled above. Serious consequences will be imposed upon anyone found to have violated Section 13.2, and upon witnesses and those accused of violating Section 13.2 who do not appear at the hearing as directed. A copy of the Equal Employment Opportunity Policy and Procedures, including the Special Grievance/Arbitration Procedures for Section 13.2 Grievances, is enclosed for the accused. Please promptly review these procedures and prepare your position for the hearing.

If you are a walking boss accused of violating Section 13.2, you may ask your ILWU Local to appoint an ILWU representative for you or, if you prefer, you may have one registered (Class A) 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. As the accused, I want my ILWU Local to appoint a representative for me.

___ 2. As the accused, 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:_________________________________________

Witnesses 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.

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

PCWB&FA Section 13.2 Notice of Grievance & Hearing Form
Revised 04-14-20 Covid-19
Page 3 of 5
COMPLAINT NUMBER: ______________________________

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

ACCUSED: PLEASE SIGN AND DATE: ________________________________

If you have been accused of violating Section 13.2, please promptly mail or fax this Form back to the Area Arbitrator and JPLRC checked below.

☐ 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
The section below is for use by the Arbitrator.

Send Notice to Accused & enclose:
   1. Grievance, excluding Complainant’s contact information (in Section I);

Copy Notice to PMA & Local Union(s), & enclose Grievance

Copy Notice to other Parties (including Grievant), & enclose Grievance, excluding Complainant’s contact information (in Section I).