

COMPLAINT NUMBER: \_\_\_\_\_

**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:

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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 \_\_\_\_\_)
- 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 \_\_\_\_\_)

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**B.  Retaliation Related To Filing or Supporting A Prior Discrimination Or Harassment Complaint 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:

\_\_\_\_\_

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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.

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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.

\_\_\_\_\_

\_\_\_\_\_



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**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

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## 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. 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: \_\_\_\_\_)