



Interference Incident Report

AFA-CWA Organizing Department

The company, its supervisors and representatives are prohibited by law from interfering with, coercing, or intimidating employees in the exercise of their right to choose a union representative. If you think a violation has occurred please fill out this form and return to AFA-CWA immediately. For more information refer to the "Know Your Rights" section under the Organizing Department page on our website: www.afanet.org.

Date of Incident: _____ **Time of Incident:** _____

Location: _____

Name of Flight Attendant(s): _____

Name(s) of Supervisor/Manager/Other involved in the Incident: _____

Describe what happened: _____

Flight Attendant or other person completing this report:

Signature *Date*

Print Name *Base*

Address

City *State* *Zip*

Phone number

For Official Use Only

Category: _____

Aff. Taken *Date:* _____

Aff. Returned *Date:* _____

Include *File*

Witnesses: _____
