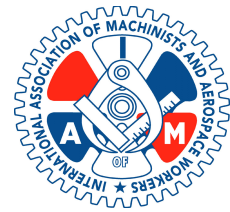


# DELTA EMPLOYEES



## Record the Facts

### *(Who, What, Where, When & Witnesses)*

**IF YOU BELIEVE ANY DELTA SUPERVISOR OR MANAGER HAS VIOLATED THE LAW (BY INTIMIDATION, THREATS, OR OTHER ACTIONS FOR POSSESSING OR READING UNION LITERATURE ON YOUR LUNCH OR BREAK TIME), PLEASE COMPLETE THIS FORM AND RETURN IT TO YOUR IAM REPRESENTATIVE IMMEDIATELY. BE AS SPECIFIC AS YOU CAN ABOUT THE INCIDENT AND INCLUDE DIRECT QUOTES AND WITNESSES WHERE POSSIBLE. ALL STATEMENTS WILL BE HELD IN THE STRICTEST OF CONFIDENCE.**

On or about \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, in or near  
(Date) (Time)

\_\_\_\_\_  
(Location)

the following employer representative(s) \_\_\_\_\_,  
(Names and Titles)

were involved in the incident described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets if necessary)

Name \_\_\_\_\_  
(Print) (Sign)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Statement \_\_\_\_\_ Phone \_\_\_\_\_

This incident was also witnessed by:

\_\_\_\_\_  
(Name of witness) Phone \_\_\_\_\_

\_\_\_\_\_  
(Name of witness) Phone \_\_\_\_\_