

SPECIAL PCL&CA SECTION 13.2 APPEAL FORM
HARASSMENT, DISCRIMINATION & RETALIATION CLAIMS

COMPLAINT NUMBER: _____

If you wish to appeal a decision of the Area Arbitrator on a PCL&CA Section 13.2 Grievance, 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** from the date the Area Arbitrator mailed his/her decision to you. The Coast Appeals Officer will promptly review your Appeal. Any Party may file a Response or Opposition to the Appeal within ten (10) calendar days of when the Coast Appeals Officer received the Appeal, which in this case was _____ . The Coast Appeals Officer will not hold a hearing, but will rule on your appeal based solely on the written record of the hearing (the transcript of the 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 ruling, which will be final and binding and without further appeals, including to the Coast Arbitrator.

Copies of the Equal Employment Opportunity Policy and Procedures, including the Special Grievance/ Arbitration Procedures for Section 13.2 Grievances, may be obtained from any PMA Area or ILWU Local Office, and the joint dispatch halls. Review the Policy and Procedures for more details. 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 Appeal Form for your records.

No one may be retaliated against for filing or supporting a discrimination or harassment Grievance.

I. IDENTIFY WHO IS APPEALING

Name: _____

If you are an ILWU worker, state your Work Number (Registration, Identified Casual, or Unidentified Casual Number (if any), if none, the last four digits of your Social Security Number), and ILWU Local: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

IV. HOW TO FILE THIS APPEAL AND WHAT HAPPENS NEXT

Please **immediately** send this completed Form by facsimile or mail to the JPLRC, c/o the PMA office, in the Area where the incident occurred.

JPLRC, c/o PMA:

Southern California Area

JPLRC, c/o Pacific Maritime Association
Attn: Section 13.2 Grievance
PO Box 21618, Long Beach, CA 90801-4443
Facsimile: 562/684-0155

Northern California Area

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

JPLRC, c/o Pacific Maritime Association
Attn: Section 13.2 Grievance
PO Box 9348, Seattle, WA 98109-0348
Facsimile: 206/298-3469

Oregon Coast & Columbia River Area

JPLRC, c/o Pacific Maritime Association
Attn: Section 13.2 Grievance
One Main Place, 101 S. W. Main Street, Suite 330
Portland, OR 97204-3277
Facsimile: 503/827-4049

The section below is for use by the Coast Appeals Officer.

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

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

Distribute Sections II – IV Only: Copy to JPLRC, Accused(s), other Parties (involved Employer, etc.; identify here: _____)