



International  
**LONGSHORE & WAREHOUSE  
UNION**

**LOCAL 500**

**M & G CHARGES FORM**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

WORK #: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ SHIFT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

ACCUSED: \_\_\_\_\_

WORK #: \_\_\_\_\_

*Please Check Appropriate Charge*

<input type="checkbox"/> <i>Conduct Detrimental</i>	<input type="checkbox"/> <i>Violation of Despatch Rules</i>	<input type="checkbox"/> <i>Harassment</i>
<input type="checkbox"/> <i>Verbal Abuse of an Officer</i>	<input type="checkbox"/> <i>Violation of Safety rules</i>	<input type="checkbox"/> <i>Abandoning the job</i>
<input type="checkbox"/> <i>Verbal Harassment</i>	<input type="checkbox"/> <i>Violation ILWU Canada Social Media Policy</i>	<input type="checkbox"/> <i>Assault</i>
<input type="checkbox"/> <i>Violating Union Policy by working more than 2496 hours in _____ Year</i>		

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1. Witness Name: \_\_\_\_\_ Work #: \_\_\_\_\_

2. Witness Name: \_\_\_\_\_ Work #: \_\_\_\_\_

3. Witness Name: \_\_\_\_\_ Work #: \_\_\_\_\_

*If more witnesses – add to back.*

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**DESCRIBE INCIDENT:**

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

