ILA-WGMA DISCRIMINATION-HARASSMENT COMPLAINT FORM

Worker Information		
Name	Work #:	Local #
Address:		
City	State	Zip:
Home Phone:	Cell Phone:	
Description of complaint:		
Please identify everyone involudicate the basis of the discrir	s surrounding your claim that you were lyed, and indicate the date or dates even mination or harassment. In other words o harassed or discriminated against you	ents took place. Please also, describe what you believe
		_
_		_
Date	Signature	

If you fill this form out by downloading the form, you may simply sign by putting an /s/ above the signature, and email the document to chelsea@wgma.org. Alternatively, you may mail the form to the attention of the ILA-WGMA Facilitator, 1717 Turning Basin Dr., Suite 200, Houston, Texas 77029.