

**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:** \_\_\_\_\_

**COMPLAINT NUMBER:** \_\_\_\_\_

**II. EXPLAIN THE BASIS FOR THE APPEAL**

Please carefully and completely explain why you believe any part of the Area Arbitrator's decision was wrong. Include all arguments you wish to be considered with respect to your Appeal. If you feel you need to attach additional pages, please do so.

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**III. PLEASE SIGN AND DATE:** \_\_\_\_\_

**IV. HOW TO FILE THIS APPEAL AND WHAT HAPPENS NEXT**

Please **immediately** send this completed Form to **both** (1) the Coast Appeals Officer, by facsimile or mail, and (2) to the JPLRC, c/o the PMA office, by facsimile or mail, in the Area where the incident occurred.

**Coast Appeals Officer:**

Mr. Larry Schwerin  
Attn: Section 13.2 Grievance  
37571 Vista Key Drive N.E Hansville, WA 98340  
Facsimile: 206/257-6042

**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

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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: \_\_\_\_\_)