

HARASSMENT & INTIMIDATION COMPLAINT FORM
SMART TRANSPORTATION DIVISION
MISSOURI LEGISLATIVE BOARD

Today's Date _____

I _____ feel that I have been Harassed and/or Intimidated by the
Officers and/or Employees of _____ Railroad.

Please explain the situation/circumstances as accurately as possible;

Name and Title of person(s) who harassed/intimidated you:

Did this begin after the result of a reported incident or injury? Yes / No

Date the incident/injury occurred? ____/____/____

Place of the injury/incident: _____

Were you threatened with discipline? Yes / No Explain: (by who, when, where, time)

Contact Info: phone (____)____-____ address: _____

IF YOU HAVE ANY OTHER COMMENTS PLEASE USE THE BACK OF THIS FORM AND PROMPTLY RETURN TO YOUR LOCAL LEGISLATIVE REPRESENTATIVE. IF ADDITIONAL ASSISTANCE IS NEEDED WITH THIS FORM, YOU MAY ALSO CONTACT YOUR STATE DIRECTOR AT THE INFORMATION PROVIDED BELOW.

Signature: _____

Directions: When filling out this form from your computer, please save the copy, and upon completion forward in an email (*as an attachment*) to your Local Legislative Representative.



Ken Menges: State Director
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