

**BMWED INITIAL REPORT FORM
RAILROAD WHISTLEBLOWER PROTECTION
49 U.S.C. § 20109**

Personal information of BMWED member:

Name: _____
Address: _____
City: _____
State _____ Zip Code _____
Telephone: _____ land line
_____ cell phone
Fax No.: _____
Email Address _____
Rail employer: _____
Job title: _____
Seniority date: _____
Certifications: _____
Supervisor names/titles: _____

Name of local BMWED representative: _____

Name of personal attorney, if any: _____

What was your protected act?

Did you make a complaint related to safety? Yes or no
Did you report an accident, incident, and/or close call? Yes or no
Did you report an injury, occupational illness, or a medical concern? Yes or no
Did you request medical care, treatment, or advice related to your health? Yes or no

How did the railroad become aware of your protected act?

Did you complain to a foreman, supervisor, or member of management? Yes or no
Did you complain to the Federal Railroad Administration? Yes or no
Did you complain to a state railroad official? Yes or no
Did you complain to any police agency? Yes or no
Did you complain to any federal or state agency? Yes or no
Did you complain to any member of Congress or staff member? Yes or no

What was the method of your protected act?

Was your complaint or report in writing? Yes or no
Was your complaint or report oral? Yes or no
Was your complaint or report anonymous? Yes or no

How did the railroad know or suspect your protected act?

Did you inform the railroad? Yes or no
Did someone else inform the railroad? Yes or no
If so, who? Yes or no
Do you know? Yes or no

Did you suffer an unfavorable personnel action?

- Firing
- Suspended
- Reprimanded
- Disqualification
- Demerits or negative points
- Laid off
- Abolishment of jobs
- Warning letters
- Offers of waivers
- Threats to take actions against co-workers
- Extra safety audits
- Blacklisting
- Demoting
- Denying overtime or promotion
- Disciplining
- Denying benefits
- Failing to hire or rehire
- Intimidation
- Reassignment affecting promotion prospects
- Reducing hours or pay
- Isolation in question
- Refusal to accept statement submitted
- Demands for multiple or repeated statements
- Failure to provide first aid
- Failure to provide medical care
- Failure to promptly arrange to be taken to the nearest hospital
- Delay in providing first aid, medical care, transport to nearest hospital
- Other: _____

When did the retaliatory act(s) occur?

Where did the retaliatory acts occur?

Do you have any supporting documentation?

If so, describe: _____

Are there are witnesses to any of these retaliatory acts?

If so, provide their names, address, and contact information:

Provide a timeline of the case history:

