



Report#	Scan Date:
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Reserve Scheduling and Crew Scheduler Incident Reporting Form

Important Note: Return this form to your **Local Executive Council**

NOTE: SHADED AREAS ARE REQUIRED INFORMATION

Date of Incident:		Name of Scheduler:		Time of Call:
Pairing#:	Position (FM, FA, FML, etc.)	Pairing Date		

Contact Information:

Name:		File#:	Domicile:
Cell # (or primary Contact):		Email:	

Nature of the Incident:

- | | |
|--|---|
| <input type="checkbox"/> 1930 Assignment Issue | <input type="checkbox"/> CCS Technical Issues |
| <input type="checkbox"/> Mid-duty Period Reassignment | <input type="checkbox"/> Move-up Line Award Issues |
| <input type="checkbox"/> Crew Scheduler Behavioral/Attitude Concerns | <input type="checkbox"/> Excessive Block-Out Time (on hold with Scheduling) |
| <input type="checkbox"/> Legality Violation | <input type="checkbox"/> Minimum Day Off Violation |
| <input type="checkbox"/> Short Call-out Issues (< 3 hours notification) | <input type="checkbox"/> RSV Assignment or Day Off Trade Issues |
| <input type="checkbox"/> Standby Issues | <input type="checkbox"/> Assignment done out of TMAC Order |
| <input type="checkbox"/> Duty Time Violations | <input type="checkbox"/> Reserve Day Off Pick Ups |
| <input type="checkbox"/> Working into Days Off | <input type="checkbox"/> Missing Hotel Information |
| <input type="checkbox"/> Violation of Correct Contact Attempt Procedures | |

Documentation Attached:

(all docs listed should be attached if relevant)

- | | |
|--|--|
| <input type="checkbox"/> Master Schedule | <input type="checkbox"/> Reserve Time |
| <input type="checkbox"/> Pairing Details Actual | <input type="checkbox"/> Reserve Availability |
| <input type="checkbox"/> Pairing Details Scheduled | <input type="checkbox"/> Pay Register (If pay related) |
| <input type="checkbox"/> Crew List | |

Location at time of Incident:

- Domicile Point (i.e. SFO, ORD, IAD, etc.)
- Where: _____
- Non-Domicile Point (i.e. PDX, ABQ, PIT, etc.)
- Not Applicable

Please fill out a report of the incident on the back of this form. Please do the following:

- Be Concise and factual
- Be as brief as possible
- Be non-emotional
- Include only pertinent details

