



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

<b>Date of Incident:</b>		<b>Name of Scheduler:</b>		<b>Time of Call:</b>
<b>ID#:</b>	<b>ID Position (FS/M, etc)</b>	<b>ID Date</b>		

**Contact Information:**

<b>Name:</b>		<b>File#:</b>	<b>Domicile:</b>
<b>Cell # (or primary Contact):</b>		<b>Email:</b>	

**Nature of the Incident:**

- |  |  |
|--|--|
| <input type="checkbox"/> 1900 CLLR Assignment Issue  | <input type="checkbox"/> Mixed Domestic / Intl. ID                     |
| <input type="checkbox"/> Mid-duty Period Reassignment  | <input type="checkbox"/> Move-up Line Award Issues                     |
| <input type="checkbox"/> OPBSK Coordinator (a.k.a Scheduler) Behavioral/Attitude Concerns                              | <input type="checkbox"/> Excessive Block-Out Time (on-hold with OPBSK) |
| <input type="checkbox"/> Legality Violation  | <input type="checkbox"/> 8 Hours Free from Contact Violation           |
| <input type="checkbox"/> Short Call-out Issues (< 4 hours notification)  | <input type="checkbox"/> Minimum Day Off (MDO) Violation               |
| <input type="checkbox"/> ONSB Issues   | <input type="checkbox"/> RSV Trade/Self Trade Issues                   |
| <input type="checkbox"/> Duty Time Violations  | <input type="checkbox"/> Assignment done out of TMAC Order             |
| <input type="checkbox"/> Violation of Correct Contact Attempt Procedures (i.e. – only one # called within :45 minutes) | <input type="checkbox"/> Language ID incorrectly assigned              |
|  | <input type="checkbox"/> Missing Hotel Information                     |

**Documentation Attached:**

(all docs listed should be attached if relevant)

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Line Of Flying</b> | <input type="checkbox"/> <b>DSLLOF</b>                |
| <input type="checkbox"/> <b>DSPID</b>          | <input type="checkbox"/> <b>OPNTRP</b>                |
| <input type="checkbox"/> <b>DSPDSL</b>         | <input type="checkbox"/> <b>RSVFLY</b>                |
| <input type="checkbox"/> <b>FLTLOF</b>         | <input type="checkbox"/> <b>DFAP (If Pay Related)</b> |

**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 |

