

Report#	Scan Date:
---------	------------



## Reserve Scheduling and Crew Scheduler Incident Reporting Form

**Important Note: Return this form to your Local Executive Council**  
 (For Local Council Contact #'s call 1-800-DEAR AFA or for email addresses visit [www.unitedafa.org](http://www.unitedafa.org))

NOTE: SHADED AREAS ARE REQUIRED INFORMATION

<b>Date of Incident:</b>		<b>Name of OPBSK Coordinator (a.k.a 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<br><input type="checkbox"/> Mid-duty Period Reassignment<br><input type="checkbox"/> OPBSK Coordinator (a.k.a Scheduler) Behavioral/Attitude Concerns<br><input type="checkbox"/> Legality Violation (1:7, 30:7, 8:24, 24:7)<br><input type="checkbox"/> Short Call-out Issues ( < 4 hours notification)<br><input type="checkbox"/> ONSB Issues<br><input type="checkbox"/> Duty Time Violations<br><input type="checkbox"/> Violation of Correct Contact Attempt Procedures (i.e. – only one # called within :45 minutes)<br><input type="checkbox"/> Other (Please Specify): _____ | <input type="checkbox"/> Mixed Domestic / Intl. ID<br><input type="checkbox"/> Move-up Line Award Issues<br><input type="checkbox"/> Excessive Block-Out Time (on-hold with OPBSK)<br><input type="checkbox"/> 8 Hours Free from Contact Violation<br><input type="checkbox"/> Minimum Day Off (MDO) Violation<br><input type="checkbox"/> RSV Trade/Self Trade Issues<br><input type="checkbox"/> Assignment done out of TMAC Order<br><input type="checkbox"/> Language ID incorrectly assigned<br><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

