

PROTECTED INDUSTRIAL ACTION INCIDENT REPORT

Member Details:

| | |
|-----------------|--------------------|
| Surname: | Rank & service no. |
| First name(s): | Work phone: |
| Postal address: | Home phone: |
| | Mobile: |
| Home address: | Home email: |
| | Work email: |

Details of incident:

Have you experienced negative treatment as a result of participating in protected industrial action (PIA)?

Were you on or off duty at the time of the incident?

Please provide full details of the incident, including dates, times, and names of the person(s) involved.

By signing this application, I confirm that:

- a) All information provided is true and correct to the best of my knowledge;
- b) The AFPA has the authority to obtain and exchange any information in relation to this application with the AFPA Legal and Industrial Team;
- c) Any further documentation or correspondence related to this notification is attached;

Signature: (applicant): _____ Date: ___ / ___ / _____

Please return this form to the AFPA National Office by email: eaafpa@afpa.org.au