INTERFERENCE REPORT

DATE OF INCIDENT: _____

TIME INCIDENT OCCURRED: _____

LOCATION OF INCIDENT: _____

FLIGHT ATTENDANT INVOLVED: _____

MANAGEMENT INVOLVED: _____

DISCRIPTION OF INCIDENT: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Fill out and mail to:
Association of Flight Attendants – CWA
501 Third Street NW
Washington, DC 20001-2797