



UFCW Union Action Plan for ICE Workplace Enforcement

UFCW Local: _____

Worksite Information

Plant/Worksite:	_____
Employer Contact:	_____
Address:	_____
Phone Number:	_____

Union Worksite Contact Information

Business Representative:	_____
Rep Phone#:	_____
Steward:	_____
Steward Phone #:	_____
Shift:	_____
Steward:	_____
Steward Phone #:	_____
Shift:	_____

Union Coordinator

Name:	_____
Address:	_____
Phone Number:	_____

Union Legal Counsel:

Name:	_____
Address:	_____
Phone Number:	_____



Staff Training

Date: _____ Time: _____ Location: _____

Names: _____

Stewards Training

Date: _____ Time: _____ Location: _____

Names: _____

Member Education Workshops

Date: _____ Time: _____

Location: _____ Language Needs: _____

Date: _____ Time: _____

Location: _____ Language Needs: _____



Media Plan

Communication Channels with Union Members/Family

Union Hotline #:

Plant Handbill

Texting:

Facebook:

Primary Union Spokesperson(s)

Name:

Address:

Phone #:

Worker Spokesperson(s)

Name:

Address:

Phone #:

Name:

Address:

Phone #:

Name:

Address:

Phone #:

Name:

Address:

Phone #:

Media Contacts

TV Networks

Name:

Address:

Phone #:

Name:

Address:

Phone #:

Name:

Address:

Phone #:

Name:

Address:

Phone #:

Radio Stations

Name:

Address:

Phone #:

Name:

Address:

Phone #:

Newspapers

Name:

Address:

Phone #:

Name:

Address:

Phone #:

Media Training



Rapid Response Team

Legal Service Provider

Immigration Attorney:

Name:

Phone:

Family Law Attorney:

Name:

Phone:

Criminal Attorney:

Name:

Phone:

Faith Leaders

Name:

Phone:

Name:

Phone:

Name:

Phone:

Community Partners

Name:

Phone:

Name:

Phone:

Name:

Phone:

Name:

Phone:

Political Leaders

Name:

Phone:

Name:

Phone:

Other Labor Leaders

Name:

Phone:

Name:

Phone:

Name:

Phone:

Volunteer Interpreters

Name:

Phone:

Name:

Phone:



ICE Detention Facility Location

Name: _____
Address: _____
Phone: _____

ICE Special Agent in Charge Location:

Name: _____
Address: _____
Phone: _____

Humanitarian Assistance/Service Providers

Immigrant/Refugee Service Providers:

Name: _____
Address: _____
Phone #: _____

Name: _____
Address: _____
Phone #: _____

Foreign Consulate Office:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Food Bank Facility:

Phone #: _____
Name: _____
Address: _____

Schools

Elementary School: _____	Phone #: _____
Middle School: _____	Phone #: _____
High School: _____	Phone #: _____



Checklist for Observers During a Workplace Raid

Name of Observer: _____ Time Observer Arrived: _____

- _____ Did ICE agents enter the property with a warrant?
- _____ Did the employer provide consent to enter if no warrant?
- _____ What time did ICE raid occur?
- _____ Did ICE detain all Workers – regardless of immigration status?
- _____ Were workers allowed to leave the worksite?
- _____ Did ICE ask workers to self-identify, were workers asked to separate into groups based on citizenship status or national origin?
- _____ Did workers comply with request to self-identify?
- _____ Did ICE advise workers of their right to remain silent?
- _____ Did ICE advise workers of their right to contact their foreign consulate?
- _____ Did ICE engage in any abusive conduct or use unnecessary force?
- _____ Obtain names and badge numbers of ICE Agents
- _____ Did any other law enforcement agency assist with the raid?
- _____ Identify other law enforcement: _____
- _____ How many workers were detained? Where?
- _____ How were workers transported from the worksite?
- _____ Did you obtain where workers were being held?
- _____ Did you obtain names of UFCW members being detained/transported?

Other Notes:
