

EMPLOYEE HARASSMENT AND/OR DISCRIMINATION COMPLAINT FORM

Complainant Name																			
Job Title	Supervisor's Name																		
Email	Phone Number																		
Alleged Complaint																			
<p>I have been subjected to: <input type="checkbox"/> Harassment/Sexual Harassment <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation</p> <p>Frequency of occurrence: <input type="checkbox"/> Single incident <input type="checkbox"/> Ongoing problem</p> <p>Based upon: (check those that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> National origin</td> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Race</td> </tr> <tr> <td><input type="checkbox"/> Sex</td> <td><input type="checkbox"/> Color</td> <td><input type="checkbox"/> Age</td> </tr> <tr> <td><input type="checkbox"/> Sexual orientation</td> <td><input type="checkbox"/> Religion</td> <td><input type="checkbox"/> Creed</td> </tr> <tr> <td><input type="checkbox"/> Gender dysphoria</td> <td><input type="checkbox"/> Marital or familial status</td> <td><input type="checkbox"/> Pregnancy</td> </tr> <tr> <td><input type="checkbox"/> Gender identity</td> <td><input type="checkbox"/> Military or Veteran status</td> <td><input type="checkbox"/> Arrest or conviction record</td> </tr> <tr> <td><input type="checkbox"/> Transgender status</td> <td><input type="checkbox"/> Genetic information</td> <td></td> </tr> </table> <p>Other: _____</p>		<input type="checkbox"/> National origin	<input type="checkbox"/> Disability	<input type="checkbox"/> Race	<input type="checkbox"/> Sex	<input type="checkbox"/> Color	<input type="checkbox"/> Age	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Religion	<input type="checkbox"/> Creed	<input type="checkbox"/> Gender dysphoria	<input type="checkbox"/> Marital or familial status	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Gender identity	<input type="checkbox"/> Military or Veteran status	<input type="checkbox"/> Arrest or conviction record	<input type="checkbox"/> Transgender status	<input type="checkbox"/> Genetic information	
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<p>Who is your complaint made against? _____</p> <p>Relationship to you: <input type="checkbox"/> Supervisor <input type="checkbox"/> Subordinate <input type="checkbox"/> Co-worker <input type="checkbox"/> Customer/Client</p> <p style="padding-left: 40px;"><input type="checkbox"/> Vendor <input type="checkbox"/> Other _____</p> <p>Describe what happened and how it is affecting you and your work. Please be as detailed as possible with date(s), time, places and their involvement. Attach additional sheets if needed and any relevant documents or evidence.</p> <div style="height: 150px;"></div>																			
Witnesses																			
<p>List the names and contact information for any witnesses or individuals that may have information related to your complaint.</p> <div style="height: 100px;"></div>																			
<p>Did anyone else experience similar incidents by the same individual? Briefly state what information each witness will be able to provide.</p> <div style="height: 100px;"></div>																			

Potential Supporting Evidence

Are there any documents, emails, photos, texts, etc. related to your complaint? Describe or attach if possible.

Optional, but may help the investigation.

Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

If you have retained legal counsel and would like us to work with them, please provide their contact information.

I certify that the above statements are true to the best of my knowledge. I request that the organization investigate this complaint in a timely and confidential manner and advise me of the results of the investigation.

Signature

Date

- You must file your complaint with your Supervisor, another Manager, or a Human Resource Representative as promptly as possible after the occurrence. Any delay in reporting may make it more difficult to investigate the allegations.
- After you have filed your complaint an investigation will be completed.
- The Company will maintain the confidentiality of the complaint to the greatest extent possible in the thorough and complete investigation of the complaint. Every effort will be made to safeguard the privacy and rights of all persons involved.
- Knowingly providing false information is a violation of policy and is grounds for disciplinary action.
- You should refer to your employee handbook for more complete details of the Company's policies regarding Equal Employment Opportunity and Anti-Harassment and Sexual Harassment.
- Federal and State laws prohibit retaliation against any person because they have filed a harassment or discrimination complaint, or served as a witness in the investigation. If you believe you have experienced retaliation, notify Human Resources immediately.