

[AGENCY]\_\_\_\_\_

**Harassment and Discrimination Prohibited/  
Sexual Harassment Prohibited Policies  
Complaint Form**

Agency Name\_\_\_\_\_

Street Address\_\_\_\_\_

City, State Zip Code\_\_\_\_\_

Telephone Number\_\_\_\_\_

**Complainant (You)**

Complainant's Name\_\_\_\_\_ Job Title\_\_\_\_\_

Agency\_\_\_\_\_ Telephone\_\_\_\_\_

Work Address\_\_\_\_\_ Division\_\_\_\_\_

City, State Zip Code\_\_\_\_\_ Manager\_\_\_\_\_

**Respondent (Person Against whom you are filing the complaint)**

Name\_\_\_\_\_ Respondent's Job Title\_\_\_\_\_

Agency\_\_\_\_\_ Respondent's Telephone\_\_\_\_\_

Work Address\_\_\_\_\_ Division\_\_\_\_\_

City, State Zip Code\_\_\_\_\_ Manager\_\_\_\_\_

## The Complaint

### Basis of Complaint

Place an "X" in the box for all that apply:

|                   |   |   |
|-------------------|---|---|
| Race              | Marital Status  | Gender Expression   |
| Familial Status   | Gender Identity   | Religion  |
| Age               | National Origin   | Genetic Information   |
| Color             | Creed   | Receipt of Public Assistance                                    |
| Sexual Harassment | Sexual Orientation  | Membership or Activity in a<br>Local Human Rights<br>Commission |
| Disability        | Sex (including pregnancy,<br>childbirth, and related<br>medical conditions) |   |
| Retaliation       |   |   |

Describe, in as much detail as possible, the conduct that you believe violates the Harassment and Discrimination Prohibited Policy or the Sexual Harassment Prohibited Policy. List dates, locations, names and titles of people involved. Explain why you believe the conduct was based on the item(s) checked in the "Basis of Complaint" section above. Use additional paper if needed and attach to this form. Attach any documents you believe may be relevant.

Date most recent act of discrimination/ harassment in violation of policy took place: \_\_\_\_\_

If you filed this complaint with another agency, give the name of that agency: \_\_\_\_\_

## Information on Witnesses Who You Believe Can Support Your Complaint

| Witness Name | Witness Work Address | Witness Work Telephone |
|--------------|----------------------|------------------------|
|              |                      |                        |
|              |                      |                        |
|              |                      |                        |

Additional witnesses may be listed in “Additional Information” or on a separate sheet attached to this form.

This complaint is being filed based on my honest belief that I have been subjected to conduct in violation of the Harassment and Discrimination Prohibited Policy or the Sexual Harassment Prohibited Policy. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Complainant Signature\_\_\_\_\_Date signed\_\_\_\_\_

Complaint Received by:  
(Affirmative Action Officer Signature)\_\_\_\_\_Date signed\_\_\_\_\_

**NON-RETALIATION:** Retaliation against any person who reports conduct under the Harassment and Discrimination Prohibited Policy or the Sexual Harassment Prohibited Policy is strictly prohibited and will not be tolerated. If you believe that you have been subjected to retaliation, you are encouraged to report such behavior.

This material is available in alternative formats for individuals with disabilities by contacting

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Additional Information