

Discrimination and Harassment Complaint Form

Name of the Complainant: _____

Department/Division: _____

Phone Number: _____

E-mail: _____

Best way to reach you: phone call text email

Name of the Accused: _____

Department/Division: _____

Relationship of the Accused to the Complainant (manager, co-worker, client, etc.):

Date of Incident: _____

(If more than one event, please report each event on a separate form.)

Where did the specific event occur? _____

Please explain the events that occurred. _____

How did you react to the situation? Did you take any action to stop perceived inappropriate behavior? _____

Describe the harm you have suffered as a result of the event.

Were there any witnesses to this specific event? (If yes, please provide their names.)

Is there any physical evidence that supports your complaint? If so, please describe or attach a copy of the evidence. _____

What is your desired outcome of the investigation?

By signing below, I am confirming that the information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the City deems relevant.

Signature

Date:

Please return this form to Human Resources.