

Employee Discrimination Complaint Form

SECTION I

Name _____ Social Security No. _____
Address _____
City/State/Zip _____
Job Title _____
Hire Date _____
Department _____
Immediate Supervisor _____

SECTION II

What type of action or behavior brought you to file this complaint? _____

Causes of Discrimination

- | | |
|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Color | <input type="checkbox"/> Race |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Disability <i>(please specify)</i>
_____ | <input type="checkbox"/> Sex (Gender) |
| <input type="checkbox"/> Harassment (including Sexual Harassment) | <input type="checkbox"/> Sexual Orientation _____
<i>(specify orientation)</i> |
| | <input type="checkbox"/> Other _____
<i>(please describe)</i> |

SECTION III

Describe how you were discriminated against. For each incident, provide a date, location and names of individuals involved. Please list the events in chronological order by date of occurrence. Attach additional pages if needed.

Date/Location	Event	Observer/Witness
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

List persons who have direct knowledge of the events outlined above:

Name _____	Position _____
Department _____	Phone _____
Name _____	Position _____
Department _____	Phone _____

What would you consider an appropriate resolution to your complaint? _____

What actions have you taken regarding your complaint? Please describe the steps with dates.

Release Statement

I acknowledge that the above information is a complete, accurate and truthful statement of the facts underlying my complaint. I understand that the Human Resources Department will be conducting an investigation into this complaint. I understand that the information contained in this complaint, and the information gathered during the investigation will be treated confidentially; however such information may be released on a need-to-know basis.

Signature of Employee