



## DISCRIMINATION/HARASSMENT COMPLAINT FORM

Date: \_\_\_\_\_

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Name(s) of person(s) accused of wrongdoing:

Describe all actions of person(s) named above. Be as detailed as possible; include the date, time and place of each event(s) or conduct involved. Attach additional pages, if needed.

Why do you think the person(s) treated you this way?

What effect has this had on you?

Name(s) of witnesses to the above-described events. Include phone number(s), if known.

Name(s) of anyone with whom you discussed the above-described events. Include phone number, if known.

How would you like this matter resolved?

Complainant Signature: \_\_\_\_\_

**Return completed form to Human Resources**