

[employer name]
COMPLAINT FORM

*In order to assist **[employer name]** in investigating your allegations of harassment, discrimination or retaliation in a prompt and thorough fashion, please complete this form to the best of your abilities and with as much detail as you are able. Once completed, please submit this form to **[identify compliance officer[s]]**. If additional space is needed in order to respond to any question below, please attach additional pages as necessary and identify which question corresponds to the information set forth in the additional pages. Any questions regarding this form may be directed to **[identify compliance officer(s)]**. No individual will be retaliated against for filing a complaint.*

Name of Complainant: _____ Date Submitted: _____

Job Title: _____

Address: _____

Home phone: _____ Cell: _____ Work: _____
(Please circle the number you'd prefer us to call)

Email: _____

Name of Victim (if different than Complainant): _____

Basis of this complaint (check all that apply):

- | | |
|--------------------------|---------------------------------------|
| _____ Race/color | _____ Gender expression |
| _____ Age | _____ Gender identity |
| _____ National Origin | _____ Transgender status |
| _____ Disability | _____ Genetic predisposition |
| _____ Sex/gender | _____ Military/veteran status |
| _____ Sexual harassment | _____ Citizenship |
| _____ Pregnancy | _____ Religion/Religious creed |
| _____ Marital Status | _____ Domestic violence victim status |
| _____ Familial Status | _____ Retaliation |
| _____ Sexual orientation | _____ Other/Not Sure |

[employer name]
COMPLAINT FORM

If checked "Other/Not Sure," please briefly explain:

Time(s) and date(s) the incident(s) took place:

Name(s) and office address of the individual who allegedly engaged in the harassment, discrimination or retaliation. If more than one, list all.

Name: _____

Location: _____

Describe the incident(s) which occurred with as much detail as you are able, including why you believe the incident(s) constitutes harassment, discrimination or retaliation (please attach any documentation or evidence you believe is relevant to the incident):

[employer name]
COMPLAINT FORM

Describe briefly what you would consider to be appropriate resolution of the conduct described above: (Please note that **[employer name]** retains the sole discretion and authority to determine the appropriate disciplinary and/or corrective action to be taken with regard to meritorious complaints. This question should not be construed in any way to constitute a forfeiture of that discretion or authority.)

Identify all persons who witnessed the incident(s) described above:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please identify any other persons you believe have knowledge important to the incident(s) in question, including his/her contact information and a brief description of the knowledge held by each person:

[employer name]
COMPLAINT FORM

Have you filed a complaint or charge with a Federal, State, or Local Government agency related to the incident(s) identified above?

Yes _____ No _____

Has this incident or occurrence been previously reported to **[employer name]**?

☐ Y ☐ N. If yes, when and to whom?

If the incident or occurrence has been previously reported, please describe the remedy, outcome or resolution:

I swear or affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief.

Complainant's Signature

Date

Received by:

Signature

Date

Print Name:

For Employer Use Only – To be Completed Upon Receipt

Recipient of Complaint (print): _____

Date, Time and Manner (e.g. personal delivery, mailbox, etc.) of Receipt: _____

Notes: _____
