COMPLAINT FORM

1. _____

Name in full (*complainant, please print)*

_____

Street City State Zip Code Home Phone No.

_____

Department Position/Title Work Phone No.

2. **Select your classification:**

☐ Executive Staff ☐ Supervisor/Manager ☐ Support Staff ☐ Other _____

3. **Nature of alleged discrimination:**

☐ Race ☐ Sex ☐ Religion ☐ Age ☐ Retaliation ☐ Handicap/Disability

☐ Sexual Harassment ☐ National Origin ☐ Other _____

4. **The alleged discrimination occurred in connection with** (*check all that apply)*:

☐ Interview ☐ Retaliation ☐ Hiring Selection ☐ Termination ☐ Other _____

5. **Name(s), Title(s), Department(s) and Telephone Number(s) of Person(s) who you believe discriminated against you:**

_____

Name Position/Title

_____

Department Telephone Number

_____

Name Position/Title

_____

Department Telephone Number

(Use additional sheets if necessary)

6. **Date on which incident(s) occurred: _____**

7. **Location of incident(s):_____**

8. **Name(s) of witness(es): _____**

9. **Please supply any supporting evidence to document the basis for the alleged discrimination you are claiming, as indicated in your response to numbers 5 and 6 of this form.**

   I have attached supporting documents: ☐ Yes ☐ No If yes, describe attachments:

   _____
   _____
   _____

10. **Describe the alleged discrimination you and/or others were subject to:**

    _____
    _____
    _____

11. **Qualifications for position/placement sought; or, why dismissal was not justified:**

    _____
    _____
    _____

12. **What action(s) do you feel are necessary to remedy the alleged discrimination?**

    _____
    _____
    _____

13. **List those persons with whom you have discussed the incident(s):**

    _____
    _____
    _____

14. **Have you filed a complaint outside of the company?** Yes ☐ No ☐

If yes, please list entity or attorney handling your complaint. Include all contact information:

_____

Name Address Phone Number

15. **Have you tried to resolve this issue through your supervisor(s) and/or the company's grievance procedure?** Yes ☐ No ☐ **If yes, please explain:**

_____

_____

_____

I understand the following:

1. **I affirm that I have read the above information and that it is true and correct to the best of my knowledge.**

2. **I understand that at anytime I have the right to file a complaint with an outside state and/or federal agency, or file suit in a court of law.**

_____ _____

Signature of Complainant Human Resources Representative

Date: _____ Date: _____

Complainant is <u>not</u> required to sign this form.

Note to Human Resources Representative:

If complainant does not want to sign this form, ask him/her to verify the information and correct any of the information that is not correct.