

COMPLAINT FORM

1. _____
 Name in full (*complainant, please print*)

Street	City	State	Zip Code	Home Phone No.
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Department	Position/Title	Work Phone No.
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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
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Department	Telephone Number
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Name	Position/Title
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Department	Telephone Number
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(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 not 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.