

# Discrimination/Harassment Complaint Form

<b>Employee information</b>			
Name:			
Position:	Supervisor:		
<b>Discrimination or Harassment Complaint Information</b>			
I believe I was harassed/discriminated against because of my:			
<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> National Origin	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Race	<input type="checkbox"/> Religion
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Vietnam Veteran Status	<input type="checkbox"/> Other (Explain Below):	
<b>Person (or persons) you believe harassed you or discriminated against you</b>			
Name:	Position:		
Please explain the incident or conduct that is the basis of this complaint and include where it took place. Please include dates, names of people involved, and explain why you think the incident involved harassment. Attach additional pages, as necessary:			

Please identify any potential witnesses who may have information regarding the incident(s) you are reporting, including their name(s) and what they witnessed:

Do you know of any documents that may be relevant to this matter?  Yes  No (If, yes, please attach documents.)

Have you discussed this complaint with anyone else?  Yes  No (If yes, list their name(s) below.)

**Signatures**

Complainant:

Date:

Received By:

Date: