

---

## **NAME OF ORGANIZATION DISCRIMINATION, HARASSMENT, AND RETALIATION PREVENTION POLICY COMPLAINT FORM**

### COMPLAINANT INFORMATION

NAME:

DIVISION / UNIT:

OFFICE LOCATION:

WORK PHONE:

IMMEDIATE SUPERVISOR:

Please describe the conduct that you believe violates the Discrimination, Harassment and Retaliation Prevention Policy. In your narrative, describe: (1) What happened to you; (2) Why you believe you are being discriminated, harassed, or retaliated against, including the reason or evidence you have to support your belief, and; (3) When the acts of discrimination, harassment, or retaliation occurred (attach additional pages if needed). If you require assistance with completing this form as a reasonable accommodation, please contact the EEO officer.

PERSON(S) ALLEGED TO HAVE VIOLATED THE POLICY

**Person #1 - Name:**                      **Classification:**                      **Work Location:**

**Person #2 - Name:**                      **Classification:**                      **Work Location:**

**Person #3 - Name:**                      **Classification:**                      **Work Location:**

PERSON(S) WITH INFORMATION/KNOWLEDGE OF THE ALLEGED INCIDENTS

**Witness Name:**                      **Classification:**                      **Work Location:**

**Witness Name:**                      **Classification:**                      **Work Location:**

**Witness Name:**                      **Classification:**                      **Work Location:**

HAVE YOU COMPLAINED TO ANYONE AT NAME OF ORGANIZATION ABOUT THIS MATTER?

If yes, explain the situation. When did you complain, to whom, and what was the result?

*(You may attach additional pages if necessary)*

Please submit to the **Name of Organization** Equal Employment Opportunity Officer:

**[Insert name and contact info here]**