Complaint Form

Name of Complainant: _____

Department: _____

Position Title: _____

Phone Number: _____

Type of Complaint:

1. Policy / Procedure Infraction: _____
2. Harassment based upon a protected class: (Please specify) _____
3. Sexual Harassment: _____
4. Other (please specify): _____

1. Name of individual engaging in alleged harassment or policy infraction: _____
2. Position Title of individual named in 1. (if employee): _____
3. Individual engaging in alleged harassment/policy violation relationship to complainant:

Supervisor ☐ Co-Worker ☐ Subordinate Employee ☐ Vendor ☐ Client ☐ Other (specify) : _____

Please describe the specific act(s) alleged. If additional space is needed, you may attach a separate sheet(s):

Location(s) of alleged incident:

Date(s) and approximate time(s): _____

Describe the effect the alleged harassment / policy violation had on you:

Are there others who have witnessed this behavior or others who experienced similar behavior by the individual named above? If so, please provide their name(s), indicate if witness or individual with similar experience, their address(s) and their phone number(s).

Did you tell anyone about your experience after the alleged incident? If so, please provide name(s) and phone number(s).

Actions taken, if any, by the complainant to attempt to correct the problem.

Have you filed this report with any other agency or an attorney? Yes☐ No☐
If yes, with whom? _____

Complainant's suggestion of proposed action to address or resolve the complaint.

Additional information and comments:

Signature of person making report:_____Date:_____

Signature of person receiving report:_____Date: _____

To:

Human Resources Department

NOTICE OF RECEIPT OF HARASSMENT COMPLAINT

On_____I received a complaint of sexual/other *(circle one)* harassment from_____(complainant). Upon receipt of the complaint I took the following actions *(initial each space)*:

_____I advised complainant of:

1. The meaning and importance of the Harassment Policy
2. The County's commitment to prevent retaliation
3. The County's policy on confidentiality
4. The County's right to investigate the complaint, even if complainant does not choose to pursue it, if such an investigation is deemed necessary to protect the County or the community
5. The penalties for making improper charges

_____I made written notes of the allegations (see attached copy).

_____I explained that the complaint must be submitted to me in writing before any review or other action takes place.

_____ _____

Name of Person Who Received Complaint *(Please Print)* Position Title

_____ _____

Department Date Complaint Taken

COMPLAINANT'S ACKNOWLEDGEMENT OF ADVICE AND CHOICE OF RESOLUTION OPTION

After being given the advice described above, I chose to initially pursue resolution of my complaint through (initial one space):

_____Individual resolution

_____Mediation

_____Administrative investigation and resolution

_____Investigation and hearing by a grievance committee

_____I do not wish my complaint to be pursued; however, I have been advised that, because the County is legally required to investigate all egregious acts of sexual/other harassment, the County reserves the right to investigate my complaint if it is deemed necessary to protect the interests of the County or the community. I will be advised if the County elects to conduct an investigation.

I understand that I must submit my complaint in writing before any review or other action takes place. I further understand that my complaint must be shared with the accused so that the accused may respond, and that I will be notified in advance when the accused is to be informed of my complaint.

_____ _____

Signature of Complainant Date