



For County
Employees Only

Complainant Information

Name _____ Home (____) _____
Address _____ Work (____) _____
City State Zip _____ Bargaining Non-Bargaining
Email Address _____ Position: _____
Signature _____ Date: _____

County Department Where Employed

Name _____ Telephone (____) _____
Address _____ Supervisor _____
Name of Person (s) Involved in the Discrimination: _____

Basis for alleged discrimination/harassment – Please check items specific to your situation.

- | | | |
|--|--|--|
| <input type="checkbox"/> Age (over 40) | <input type="checkbox"/> Color | <input type="checkbox"/> Mental or Physical Disability |
| <input type="checkbox"/> Gender/Sex | <input type="checkbox"/> National Origin | <input type="checkbox"/> Race |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Arrest Record |
| <input type="checkbox"/> Height | <input type="checkbox"/> Weight | <input type="checkbox"/> Genetic Information |

Nature of Complaint

- | | |
|--|---|
| <input type="checkbox"/> Access/Accommodations | <input type="checkbox"/> Access/Training |
| <input type="checkbox"/> Performance Appraisal | <input type="checkbox"/> Discharge/Termination/Layoff |
| <input type="checkbox"/> Promotion/Transfer/Reassignment | <input type="checkbox"/> Intimidation/Reprisal |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Wages/Salary |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Retaliation |
- Other _____

Complaint Contents

Explain as briefly as possible what happened, how it happened, who was involved, difference in treatment, etc. Also attach any written material pertaining to the complaint. Please include **date(s)** of alleged incidents. (Use additional sheets if necessary).
