

EEO Discrimination / Workplace Harassment Complaint Form

To file a complaint of discrimination/workplace harassment, complete this form and return it to the President and the Chief/other BOD member.

Type of alleged discrimination/harassment (please circle all that apply):

- | | | |
|-------------|------------|-----------------------|
| Race/Color | Age | National Origin |
| Gender | Religion | Political Affiliation |
| Retaliation | Disability | Sexual Harassment |

Other: _____

Your Name: _____

Name of person(s) who have committed the alleged discrimination/harassment.

Dates in which the alleged discrimination/harassment occurred.

State why you believe you have been discriminated against or harassed. Be sure to include specifics such as dates, times, places, witnesses, etc.) Use an additional sheet of paper if necessary.

What results do you wish to obtain by filing this complaint?

I affirm that all information above is true to the best of my knowledge, information, and belief:

Signature

Date

Name of person receiving: _____ **Date Received:** _____