

Discrimination Complaint Form

Complainant _____

Job Title _____ Department _____

Email Address _____ Supervisor's Name _____

Home Address _____

Work # () _____ Home # () _____ Cell # () _____

ISSUE(S)

- | | | |
|---|--|---|
| <input type="checkbox"/> Denial of Selection | <input type="checkbox"/> Denial of Training | <input type="checkbox"/> Denial of Promotion |
| <input type="checkbox"/> Termination | <input type="checkbox"/> Lay-off | <input type="checkbox"/> Denial of Leave |
| <input type="checkbox"/> Constructive Discharge | <input type="checkbox"/> Disciplinary Action | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Differential Treatment | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Denial of Reasonable Accommodation | | |

ALLEGATION(S) BASED ON:

- | | | |
|---|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> National Origin/Ancestry | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Sex/Gender | <input type="checkbox"/> Race/Color | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Political Belief | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Genetic Characteristics | <input type="checkbox"/> Union Activity |
| <input type="checkbox"/> Other (please specify) | | |

Name and title(s) of person(s) causing discrimination and/or harassment:

Name(s), title(s), and contact information of witness(es) or person(s) who may have relevant information or evidence helpful to the investigation and resolution of the complaint:

