

Attorney General's Office

**Harassment and Discrimination Prohibited/
Sexual Harassment Prohibited Policies
Complaint Form**

Agency Name _____

Street Address _____

City, State Zip Code _____

Telephone Number _____

Complainant (You)

Complainant's Name _____ Job Title _____

Agency _____ Telephone _____

Work Address _____ Division _____

City, State Zip Code _____ Manager _____

Respondent (Person Against whom you are filing the complaint)

Name _____ Respondent's Job Title _____

Agency _____ Respondent's Telephone _____

Work Address _____ Division _____

City, State Zip Code _____ Manager _____

The Complaint

Basis of Complaint

Place an "X" in the box for all that apply:

Race	Marital Status	Gender Expression
Sex	Gender Identity	Religion
Familial Status	National Origin	Genetic Information
Age	Creed	Retaliation
Color	Sexual Orientation	Membership or Activity in a Local Human Rights Commission
Sexual Harassment	Reliance on Public Assistance	
Disability		

Describe, in as much detail as possible, the conduct that you believe violates the Harassment and Discrimination Prohibited Policy or the Sexual Harassment Prohibited Policy. List dates, locations, names and titles of people involved. Explain why you believe the conduct was based on the item(s) checked in the "Basis of Complaint" section above. Use additional paper if needed and attach to this form. Attach any documents you believe may be relevant.

Date most recent act of discrimination/ harassment in violation of policy took place: _____

If you filed this complaint with another agency, give the name of that agency: _____

Information on Witnesses Who You Believe Can Support Your Complaint

Witness Name	Witness Work Address	Witness Work Telephone

Additional witnesses may be listed in “Additional Information” or on a separate sheet attached to this form.

This complaint is being filed based on my honest belief that I have been subjected to conduct in violation of the Harassment and Discrimination Prohibited Policy or the Sexual Harassment Prohibited Policy. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Complainant Signature _____ Date signed _____

Complaint Received by:
(Affirmative Action Officer Signature) _____ Date signed _____

NON-RETALIATION: Retaliation against any person who reports conduct under the Harassment and Discrimination Prohibited Policy or the Sexual Harassment Prohibited Policy is strictly prohibited and will not be tolerated. If you believe that you have been subjected to retaliation, you are encouraged to report such behavior.

This material is available in alternative formats for individuals with disabilities by contacting

Additional Information