



General Information

Name: _____ Phone number: _____

Position: _____ Supervisor: _____

E-Mail Address: _____

If discrimination and/or harassment was against another person, name and position of that person: _____

I believe I was harassed/discriminated against because of my (select all that apply):

- Race
- Sex
- Age
- Genetic Information
- Color
- Pregnancy
- Disability
- Sexual Orientation
- National Origin
- Religion
- Veteran's Status
- Gender Identity
- Other (specify): _____

Person (or persons) you believe harassed you or discriminated against you:

Name: _____ Position: _____

Please explain the incident or conduct that is the basis of this complaint and include where and when it took place. Attach additional pages, as necessary:

[Empty text box for incident details]

Why do you believe these actions were discriminatory and/or harassing?

[Empty text box for reasons]

What reasons, if any, were given to you for the acts you consider to be discriminatory and/or harassing?

[Empty text box for reasons given]

Describe the corrective action you are seeking. Attach additional pages if necessary.

[Empty text box for corrective action]



Suggested witnesses and contact information if known (e-mail and telephone numbers if you have them):

What do you believe these witnesses will tell us?

Do you know of any documents that may be relevant to this matter? Yes or no (if, yes, please attach).

Have you discussed this complaint with anyone else? Yes or no (if yes, list their name and contact information).

This complaint is based upon my honest belief that _____ has discriminated against and/or harassed me or another person. I hereby certify that the information I have provided is true, correct and complete to the best of my knowledge.

Signature: _____ Date: _____

Submit to:
HR Business Partner
Dave Buchanan
David.Buchanan@slcgov.com