**[COUNTY NAME] DISCRIMINATION & HARASSMENT COMPLAINT FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Complaint Submitted: \_\_\_\_\_\_\_\_\_\_\_\_

[COUNTY NAME] is committed to having a workplace and atmosphere free from all forms of unlawful discrimination and/or harassment, express and implied. No employee should be subjected to discrimination and/or harassment. This form is to be used in conjunction with the Discrimination & Harassment Prevention Policy.

Please complete the following information:

**What happened?**

**When did it happen? *Include date(s)/time(s).***

**Where did this happen?**

**How did you respond/react?**

**Did anyone else see or hear what happened? *If yes, please provide name(s) and contact information if known.***

**Did you tell anyone about what happened? *If yes, please provide name(s) and contact information if known.***

**What would you like to have happen as a result of this complaint?**