

CONFIDENTIAL
DISCRIMINATION/HARASSMENT COMPLAINT FORM

The County of Monroe prohibits discrimination, harassment and retaliation on the basis of sex, race, ethnicity, religion, age, disability, height, weight, veteran status, military service, citizenship status, genetic information, marital status, familial status, gender identity or expression, sexual orientation or any other protected characteristic as established by law.

Employees or applicants for employment who believe they may have been discriminated against, harassed or retaliated against are encouraged to bring their concerns to the Human Resources Department to investigate and attempt to resolve the complaint.

Thank you for bringing your concern to our attention. We will work to promptly resolve your complaint.

COMPLAINT

Please state the facts, events and circumstances that initiated filing this complaint. Please give a complete description of the event(s) and statements made. Within this statement, please give the names of the persons engaging in the alleged harassment, the dates they occurred, witnesses to the alleged harassment and your response (attach additional sheets if necessary).

I attest that the above statements are true, accurate and complete, and made in good faith. I request that the county investigate the above claims.

Employee Signature _____ Date _____

Employee Name: _____

Department: _____

Phone Number: _____

Email Address: _____

Position: _____

Supervisor: _____

Human Resources Department Only:

Date Received: _____ Date Closed: _____ Disposition: _____