

COMPLAINT FORM

NAME _____

ADDRESS _____

DEPARTMENT _____

TELEPHONE (Work/Home) _____

Is your complaint () Employee Relations; or () Do you believe that you have been discriminated against because of race, color, religion, sex, national origin, ancestry, age, pregnancy, disability or veteran's status? (Circle the basis for the alleged discrimination).

Did the alleged incident occur in hiring, terms and conditions, promotion, demotion, layoff, termination, other? (Explain).

Please explain why you believe that you have been discriminated against. If you can, state the name and position of the people involved, the date(s) when the alleged discrimination occurred, and the details of what happened. (Attach additional paper, if necessary).

I request the company to conduct an investigation to determine whether any discrimination occurred. This complain does not affect any other rights that I may have under state/federal law.

Signature

Date