



**City of Elk Grove  
Human Resources**

**DISCRIMINATION AND HARASSMENT COMPLAINT FORM**

The City is committed to a workplace free of discrimination, harassment, and retaliation. An employee, job applicant, or contractor who believes he or she has been harassed or has been the recipient of discriminatory behavior may make a complaint verbally or in writing. The City encourages all covered individuals to report any conduct that is believed to violate the City's discrimination policies as soon as possible. Use of this form is voluntary. You may submit a complaint of discrimination or harassment through other methods, including other writings or verbally. However, the City encourages use of this form to ensure that we best understand your claim and can take appropriate action to address it.

Name:	
Department:	Title:
Phone:	Email:

Status of Complainant:	<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant	<input type="checkbox"/> Other _____
Type of Complaint:	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Harassment	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Other _____
Basis of Complaint:				
<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Ancestry
<input type="checkbox"/> Age	<input type="checkbox"/> Gender	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender Identity & Expression	<input type="checkbox"/> Disability
<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Domestic Partnership Status	<input type="checkbox"/> Veteran Status	<input type="checkbox"/> Military Service
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Other _____			

Name of Individual(s) engaging in alleged discrimination or harassment		
Name:	Department:	Title:
Name:	Department:	Title:
Name:	Department:	Title:
Name:	Department:	Title:

Status of Individual(s) engaging in alleged discrimination or harassment:			
<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Customer	<input type="checkbox"/> Other _____
Relationship of Individual(s) engaging in alleged discrimination or harassment			
<input type="checkbox"/> Coworker	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Management	<input type="checkbox"/> Council
<input type="checkbox"/> Other _____			

Describe specific act(s) alleged with date(s), time(s) and location(s) if possible. If additional space is needed, use reverse side of paper or attach additional sheet(s).

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Act(s): \_\_\_\_\_

Has anyone witnessed the alleged behavior?  Yes  No

If yes, please list names and contact information:

Name	Contact information:
Name	Contact information:
Name	Contact information:

Did you take any action to stop the alleged behavior?  Yes  No

If yes, please summarize the action taken:

How would you like to see the situation resolved?

Additional information or comments:

The above information is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_

Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return this form to:**

**City of Elk Grove - Human Resources – 8401 Laguna Palms Way Elk Grove, CA 95758 (916) 683-7111 Fax: (916) 627-4450**