



# COMPLAINT FORM

## DISCRIMINATION, HARASSMENT AND WORKPLACE ISSUE(S)

### DISCLOSURE

Filing a written complaint is voluntary. Oregon state government takes all complaints of discrimination, harassment, unethical, unfair or unprofessional conduct seriously. Information submitted on this form is treated confidentially. Names and other identifying information is disclosed when it is necessary for investigation purposes. It is illegal to be intimidated, threatened, coerced, discriminated or retaliated against for filing this complaint. You are not required to use this form.

PLEASE PRINT OR TYPE (Attach extra pages as necessary.)

YOUR NAME

EMPLOYEE ID #

HOME PHONE (Please include area code)

WORK PHONE (Please include area code)

STREET ADDRESS

CITY, STATE, ZIP

EMAIL ADDRESS (If available)

ALTERNATE CONTACT METHOD (If applicable)

AGENCY / DIVISION / SECTION

WORK LOCATION

PLEASE IDENTIFY THE PERSON(S) AND/OR DIVISION/SECTION AGAINST WHOM/WHICH YOU ARE FILING THIS COMPLAINT.

NAME(S) OF ACCUSED

AGENCY / DIVISION / SECTION

PHONE NUMBER

PLEASE ANSWER THE FOLLOWING QUESTIONS PERTAINING TO YOUR COMPLAINT (Attach additional pages as necessary).

Describe what happened. Please be as specific as possible including dates.

How does this adversely / negatively impact you?

Witnesses. List all names and positions of anyone who witnessed the conduct or incident.

Have you attempted to resolve the concern? If so, please describe in detail.

Do you believe that the action(s) taken against you were because of a protected class\*?

*\*Protected class may include the following (for a complete list refer to State HR Policy, Discrimination and Harassment Free Workplace 50.010.01): age, color, disability, sex, family medical leave, medical condition, religion, national origin/ancestry, race, sexual orientation, veteran status.*

SIGNATURE (Please sign and date this form. You do not need to sign if submitting via email, email submission represents signature.)

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE INCLUDE ANY DOCUMENTATION YOU BELIEVE IS RELEVANT TO YOUR COMPLAINT.

RETURN THIS FORM TO:

Oregon Military Department, AGP  
HUMAN RESOURCES OFFICE  
PO Box 14350  
Salem, OR 97309  
FAX #: 503-584-3556  
EMAIL: Cynthia.L.Forest@mil.state.or.us

**FOR AGENCY HR USE ONLY. THIS FORM WAS COMPLETED BY:**

- |  |  |
|--|--|
| <input type="checkbox"/> Complainant (employee filing the complaint) | <input type="checkbox"/> HR Employee (name) _____          |
| <input type="checkbox"/> Another employee (on behalf of complainant) | <input type="checkbox"/> Manager / Supervisor (name) _____ |
| <input type="checkbox"/> Other (specify) _____                       |  |

**FOR AGENCY HR USE ONLY. THE INFORMATION ON THIS FORM WAS GATHERED:**

- |  |  |
|--|--|
| <input type="checkbox"/> By phone                      | <input type="checkbox"/> In person             |
| <input type="checkbox"/> Submitted by the complainant. | <input type="checkbox"/> Other (specify) _____ |



## COMPLAINANT CONSENT FORM

### DISCLOSURE OF IDENTITY DURING INVESTIGATION

In order to expedite the investigation of your complaint, please read, sign, and return a copy of this consent form with your complaint. Please make a copy for your records.

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary to reveal my identity or identifying information about me to person(s) at the entity or agency under investigation or to other persons, agencies, or entities.
- I also understand that it may be necessary to disclose personally identifying information, gathered as a part of the investigation of my complaint.
- In addition, I understand that as a complainant I am protected from being intimidated, threatened, coerced, retaliated, or discriminated against because I have made a complaint, testified, assisted, or participated in any manner in mediation, investigation, hearing, proceeding, or any other part of this investigation.

PLEASE PRINT OR TYPE

YOUR NAME

EMPLOYEE ID #

HOME PHONE (Please include area code)

WORK PHONE (Please include area code)

STREET ADDRESS

CITY, STATE, ZIP

SIGNATURE *(Please sign and date this form. You do not need to sign if submitting via email, email submission represents signature.)*

EMPLOYEE SIGNATURE

DATE