

Equal Employment Opportunity Discrimination/Harassment Complaint Form

This complaint form relates to the [Discrimination and Harassment Policy \(DAS 50.010.01\)](#).

Completing this form is not required to report a concern. You may choose to:

- Complete this form and return it to the Civil Rights Unit by email, fax, or mail. The form can be submitted with empty fields if you do not know that information.
- Email a description of your concern to the Civil Rights Unit at OHA.InternalCivilRights@odhsoha.oregon.gov.
- Leave a phone message with your concern at 971-673-1240.

Please print or type. If you need additional space, attach extra pages.

Section 1: Your Information

Name:	_____	Today's Date:	_____
Work Phone:	_____	Cell Phone:	_____
Work Email:	_____	Alternate Email:	_____
Job Title:	_____	Union:	_____
Division:	_____	Unit:	_____
Worksite:	_____	Supervisor:	_____

Section 2: Complaint Information

Please identify the person or people you believe violated the Discrimination and Harassment Free Workplace Policy.

Name(s): _____

Division: _____

Unit: _____

Supervisor: _____

1. Do you believe that the alleged discrimination or harassment was based on any of the listed protected classes?

- | | |
|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Military status or leave |
| <input type="checkbox"/> Association with a person in a protected class | <input type="checkbox"/> National origin |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Domestic violence status/leave | <input type="checkbox"/> Race/color |
| <input type="checkbox"/> Family Medical Leave Act (FMLA) | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Family Medical Leave Act/Paid Leave Oregon (OFLA/PLO) | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Family relationship | <input type="checkbox"/> Sexual harassment |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Gender identity | <input type="checkbox"/> Veteran's status |
| <input type="checkbox"/> Injured worker | <input type="checkbox"/> Whistleblower |
| <input type="checkbox"/> Marital status | <input type="checkbox"/> Other (please specify): _____ |

If your complaint is not based on a protected class status, bring your concern or complaint to your assigned Human Resources Analyst directly or email

OHA.HumanResources@oha.oregon.gov.

- 2. We recognize that in these situations you may have concerns about physical or psychological safety. Are you interested in connecting with Human Resources to discuss a safety plan?**

No

Yes

If you selected yes, please include your specific safety related concern below. If you would like to discuss safety planning with your division's Human Resource Analyst, please contact

OHA.HumanResources@oha.oregon.gov.

- 3. What is the most recent date of alleged discriminatory or harassing acts?**

- 4. Identify all people who witnessed the conduct or incident:**

5. Briefly explain the actions you believe to be discriminating or harassing:

6. Have you attempted to resolve your concern?

If so, with whom and what happened?

7. What would you like to see happen regarding this concern or complaint?

If you have any additional documentation you believe is relevant to your concern, please include it when submitting this complaint form.

Section 3: Form Information

This form was completed by:

Complainant (individual making the complaint)

HR manager:

EEO/AA coordinator:

Other (please specify):

How to return this form:

- **By Mail:**
Equity and Inclusion Division
Civil Rights Unit
421 SW Oak Street, Suite 750
Portland, OR 97204
- **By secure fax:** 971-673-1330
- **By email:** OHA.InternalCivilRights@odhsoha.oregon.gov

You can get this document in other languages, large print, braille or a format you prefer.

Contact us at OHA.InternalCivilRights@odhsoha.oregon.gov or 971-673-1240. We accept all relay calls.