



## Employee Discrimination/Harassment Complaint Form

**Your Name:**

**Department:**

**Phone Number:**

**E-mail:**

**Today's Date:**

**Name of the Accused:**

**Department:**

**Relationship of the Accused to the Complainant (manager, co-worker, client, etc.):**

**Phone Number:**

**E-mail:**

**Date of Incident:**

*(If more than one event, please report each event on a separate form.)*

**Where did the specific event occur?**

**Please explain the events that occurred.**

**How did you react to the situation? Did you take any action to stop perceived inappropriate behavior?**

**Describe the harm you have suffered as a result of the event.**

**Were there any witnesses to this specific event? (If yes, please provide their names.)**

**Is there any physical evidence that supports your complaint? If so, please describe or attach copy of evidence.**

**What is your desired outcome of the investigation?**

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence Rowan County deems relevant.

Signature:

Date:

*Please return this form to Kelly Natoli/HR Director.*