



EMPLOYEE RELATIONS

602.3F –DISCRIMINATION AND/OR PROHIBITED CONDUCT/BEHAVIOR(S) COMPLAINT FORM

Discrimination and/or Prohibited Conduct/Behavior(s) Complaint Form

Discrimination is based on race, color, religion, age, gender, pregnancy, sexual orientation, sexual harassment, national origin, ancestry, disability, veteran status, genetic information, domestic partnership, gender identity or expression, political affiliation, membership in the Nevada National Guard, or any other class that becomes protected by federal and/or state law, as well as prohibited conduct, condition or privilege of employment are violations of State and federal law.

(This form may be completed by the complainant or person receiving the complaint)

Date of Complaint: _____

Please answer the questions completely and use as many additional sheets as necessary.

Submit this completed form to the EEO Officer, Executive Office Manager or the District Fire Chief at District Office, 1694 County Road., Minden, Nevada or fax to (775) 782-9043.

Complaint Name:	Title:
Immediate Supervisor:	Division:
Work Location:	Work Phone:
Home Address:	Home Phone:

1. Type of Complaint

Claims of Discrimination and/or Prohibited Conduct/Behavior(s) and/or Retaliation must be based on at least one of the protected groups listed above (Title VII of the Civil Rights Act). If making a report of Discrimination and/or Prohibited Conduct/Behavior(s) and/or Retaliation, please mark the appropriate category listed below:

- | | |
|--|---|
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Sex Discrimination |
| <input type="checkbox"/> Media Harassment | <input type="checkbox"/> Race/Color Discrimination |
| <input type="checkbox"/> Disability Discrimination | <input type="checkbox"/> National Origin Discrimination |
| <input type="checkbox"/> Sexual Orientation Discrimination | <input type="checkbox"/> Gender Identity Discrimination |
| <input type="checkbox"/> Genetic Information Discrimination (GINA) | <input type="checkbox"/> Gender Expression Discrimination |
| <input type="checkbox"/> Age Discrimination | <input type="checkbox"/> Religious Discrimination |
| <input type="checkbox"/> Pregnancy Discrimination | <input type="checkbox"/> Political Affiliation Discrimination |

2. Who or what do you believe was responsible for the alleged discrimination and/or prohibited conduct/behavior(s) incident(s)?

3. Accused Name

4. Title

5. Relationship to the Complainant (i.e., supervisor, co-worker, subordinate, etc.)

6. Division

7. Work Location

8. Work Phone

9. Home phone (or other)

10. Describe the alleged Discrimination and/or Prohibited Conduct/Behavior(s), and/or Retaliation incident(s). Please specify location(s), date(s) and time(s) of each occurrence. Use as much detail as possible. Attach additional sheets, if necessary.

11. Did you inform the alleged offender(s) that the behavior was unacceptable?

Yes No

If yes, please describe.

12. Were there any witnesses to the alleged Discrimination and/or Prohibited Conduct/Behavior(s) and/or Retaliation incident(s)?

Yes No

If yes, please provide the name(s), address(es), and phone number(s).

13. Have you reported this incident to anyone else?

Yes No

If yes, please provide the name(s), address(es), and phone number(s).

14. What remedy are you seeking?

NOTE: Please attach any supporting documents to this form.

I, _____, certify this statement is true and factual.
(Complainant Name)

Complainant Signature

Date



INTAKE SECTION (Completed by EEO Officer, Executive Office Manager or other person receiving the complaint)

15. Comments
16. Name and phone number of person completing this form.

ORIGINAL TO EEO OFFICER, EXECUTIVE OFFICE MANAGER (HUMAN RESOURCES) OR ALTERNATE EEO OFFICER, COPY TO EXECUTIVE OFFICE MANAGER (HUMAN RESOURCES)