

**APPENDIX B – WORKPLACE HARASSMENT/DISCRIMINATION COMPLAINT FORM**

**WORKPLACE DISCRIMINATION/HARASSMENT COMPLAINT FORM**

Use this form to file an internal claim of workplace harassment or discrimination (other than sexual harassment, which should be filed in accordance with the Town's Policy Against Workplace Sexual Harassment), including hostile work environment, based on race, color, national origin, creed, age, genetic information, predisposing genetic characteristics, marital status, familial status, domestic violence victim status, religion, disability, pregnancy-related condition, arrest (not pending), criminal conviction, military or veteran service status, use of a guide dog, hearing dog or service dog, or any other characteristic or basis protected by applicable law, including discrimination based upon an employee's or an employee's dependent's reproductive health decision making.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

**SUPERVISORY INFORMATION**

Immediate Supervisor's Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

**DETAILS OF CLAIM**

1. Claim of discrimination/harassment is based on (check one or more that apply):

- RACE       COLOR       RELIGION       CREED       NATIONAL ORIGIN
- AGE       MARITAL STATUS       FAMILIAL STATUS
- MILITARY STATUS       VETERAN STATUS
- DISABILITY       PREGNANCY OR PREGNANCY-RELATED CONDITION
- DOMESTIC VIOLENCE VICTIM STATUS
- ARREST (NOT PENDING)       CRIMINAL CONVICTION
- GENETIC INFORMATION OR PREDISPOSING GENETIC CHARACTERISTICS
- USE OF A GUIDE DOG, HEARING DOG OR SERVICE DOG
- OTHER (explain) \_\_\_\_\_

2. Claim of discrimination/harassment is made against: Your Relationship to this person:  
Name: \_\_\_\_\_  Supervisor  
Work Address: \_\_\_\_\_  Co-worker  
\_\_\_\_\_  Subordinate  
Work Phone: \_\_\_\_\_  Other: \_\_\_\_\_

3. Incident(s) occurred on or about (date(s)): \_\_\_\_\_

4. Briefly describe the incident and your reasons for concluding that it was discriminatory/harassing. Include names of witness(es), if any, and attach supporting data, if available. Use an additional sheet(s), if necessary.

---

---

---

---

---

---

---

---

**AFFIRMATION:** I understand that the filing of this internal claim does not prevent me from filing a claim of discrimination/harassment through judicial or administrative processes. I hereby affirm that the information contained in this claim is true and correct to the best of my knowledge, information and belief.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

-----  
**DATE RECEIVED:**

**BY WHOM:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name