

MODEL COMPLAINT FORM

1. State (print) your name: _____

2. What is today's date? _____

3. I wish to complain about:

a. ☐ harassment due to: _____

b. ☐ discrimination due to: _____

c. ☐ retaliation due to: _____

d. ☐ other (specific complaint):

4. I am making this complaint because:

a. ☐ I am the victim.

b. ☐ I have witnessed such conduct against someone else. Please name the victim(s):

c. ☐ I am the supervisor and I have heard rumors or I suspect improper conduct.

Please name the victim(s): _____

5. State the name(s) of the person(s) whom you are complaining about: _____

6. Describe the statements, conduct, or acts you are complaining about (use additional pages, if necessary): _____

When did this conduct take place? (If more than one incident, state the first date, last date, and all other dates you can recall.) What time of day did it occur?

7. List the names of all persons who you believe heard or saw the events you are complaining about. (If any of these persons are not CVOC employees, list their addresses and/or telephone numbers, as well, if you know them.) _____

8. List the names of all other persons who were present when the events you are complaining about occurred. _____

9. Do you believe, or do you have any information that, the person(s) you are complaining about has also harassed, discriminated against, or retaliated against anyone else?

a. () Yes. If yes, who? When? Where? _____

b. () No.

10. How have the acts or conduct you are complaining about affected your work performance (or the work performance of the victim, if you are not the victim)?

11. What action do you want the Company to take in response to your complaint/grievance?

Use additional pages, if necessary.

Attach copies of any documents which support or prove your complaint/grievance.

Your signature. _____