



# DISCRIMINATORY HARASSMENT COMPLAINT FORM

Department of Energy, Labor and Economic Growth

1. <b>Employee Name (Print or Type)</b>		2. Race	3. Gender	4. Employee I.D. Number	
5. Employee Home Address (Number and Street)			6. City		7. State    8. Zip Code
9. Work Phone	10. Home Phone	11. Bureau/Region/Office/Division		12. Work Hours	
13. Bargaining Unit		14. Immediate Supervisor		15. Supervisor Work Phone	
16. <b>Name of Accused</b>		17. Race (If, known)	18. Gender	19. Bureau/Region/Office/Division	
20. Accused Work Phone	21. Bargaining Unit	22. Immediate Supervisor		23. Supervisor Work Phone	

**26. Discriminatory Harassment Factors**

I feel I was unlawfully discriminated against on the basis of the following: ***Check all that apply.***

<input type="checkbox"/> Age	<input type="checkbox"/> Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Race
<input type="checkbox"/> Height	<input type="checkbox"/> Weight	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Sex	<input type="checkbox"/> Religion	<input type="checkbox"/> National Origin	<input type="checkbox"/> Partisan Considerations
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender Identity		

**27. This possible unlawful discrimination occurred in connection with the following:**

<input type="checkbox"/> Disciplinary Action	<input type="checkbox"/> Demotion
<input type="checkbox"/> Service Rating	<input type="checkbox"/> Promotion
<input type="checkbox"/> Transfer	<input type="checkbox"/> Reduction in Force
<input type="checkbox"/> Hostile Work Environment	<input type="checkbox"/> Other _____

**28. Please list any witnesses and contact information (additional pages may be attached if necessary).**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ What specifically were they witness too? \_\_\_\_\_

  

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ What specifically were they witness too? \_\_\_\_\_

**29. Have you discussed this incident with anyone?**    ☐ No    ☐ Yes    If Yes with who and date(s) \_\_\_\_\_

30. Have you filed a grievance regarding this situation? ☐ No ☐ Yes

31. Have you asked that the behavior stop? ☐ No ☐ Yes If Yes, when?

### Discriminatory Harassment Complaint Statement

32. Describe below in detail the alleged discriminatory harassment. *Use additional pages as needed.*

***Please include the following:***

- The action(s) taken or not taken because of the factors checked above.
- Dates, places, names and titles of persons involved and witnesses, if any.
- What harm, if any, was caused to you or others with whom you work as a result of the alleged discriminatory action(s).
- If this complaint is based on a disability, describe the disability, your history of disability, or why you think you were regarded as being disabled.

33. Please describe how your complaint of alleged discrimination could be resolved. *Use additional pages as needed.*

I certify that the information provided is true, accurate, and complete to the best of my knowledge and belief.

**Employee Signature**

**Date**

# Discriminatory Harassment Complaint Form Instructions

## General Instructions

This form may be downloaded from the Intranet and must be completed by DELEG employees who wish to file an internal complaint of potential violations of Discriminatory Harassment. Assistance in completing this form may be obtained from a supervisor, union steward, or the Equal Employment Office. Please ensure that the following information is submitted promptly following the alleged event, and record all information so that it is legible using type or block print.

1. Complete items 1-33.
2. Attach additional pages describing the alleged event(s).
3. Sign and date the form and any additional documents submitted.
4. Make a copy for your records.
5. Forward your complaint of Discriminatory Harassment to the Office of Human Resources.
6. Submit your complaint to the appropriate authority as soon as practicable after the alleged violation(s).
7. Refer to the DELEG Discriminatory Harassment Policy for more information.  
[http://www.michigan.gov/documents/harass\\_121861\\_7.doc](http://www.michigan.gov/documents/harass_121861_7.doc)

## Investigative Process

A thorough investigation shall be conducted on all legitimate complaints of discriminatory harassment. The complainant shall provide the following information to the investigator to determine whether a full-scale investigation is warranted:

1. Specific details as to what happened
2. Who was directly or indirectly involved
3. When the incident(s) occurred (date and time)
4. Witnesses to the event(s)
5. Documents or other evidence that may be useful to the investigation
6. Why the complainant believes that their protected status, i.e. race, gender, age, etc., is the reason for the adverse action(s) or conduct
7. How the treatment of the complainant differs from the treatment of other similarly situated employees who do not share the complainant's protected status.

## Retaliation Warning

Retaliation against anyone making a complaint, acting as a witness, or participation in the investigation is a violation of law and department policy, and is strictly prohibited. Retaliation complaints shall be investigated as a separate charge and persons found in violation may be subjected to discipline up to and including discharge.

## Additional Assistance and Information

DELEG has an obligation to investigate complaints and take appropriate action even if the complainant does not wish to proceed with an internal investigation. The complainant's identity and complaint may be subjected to disclosure pursuant to the investigation and resolution of the complaint.

You may also file an external complaint with the Michigan Department of Civil Rights within 180 days of the alleged incident; the federal Equal Employment Opportunity Commission within 300 days of the alleged incident; a grievance through your union or Civil Service; or file a private civil suit.

Information contained in this form will be kept confidential to the extent allowed by law, and as is practical to conduct a complete and thorough investigation.

If you have questions regarding this form or the investigative process, please contact Mary Beth Estrada, HR Specialist at (517)373-1596.

**I UNDERSTAND THAT I AM RESPONSIBLE FOR PREPARING TWO (2) COPIES OF THIS FORM. ONE (1) COPY FOR MY RECORDS, ONE (1) COPY I WILL FORWARD TO:**

**Office of Human Resources  
Attention: Mary Beth Estrada  
611 W. OTTAWA, 4<sup>TH</sup> FLOOR  
LANSING, MI 48909  
(517) 373-4769**

DELEG is an Equal Opportunity Employer and complies with the American with Disabilities Act. This document will be made available in an alternate format upon request.

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