



TRACKING # _____

Workplace Harassment/Discrimination Complaint Form

Workplace harassment (also known as Hostile Work Environment) and discrimination based on race/color, national origin, gender identity or expression of a person, sex, military status, genetic information, political affiliation, religion, age, disability, pregnancy, or sexual orientation in any term, condition or privilege of employment are violations of state and federal law.

See [Workplace Harassment and Discrimination](#)

(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 your Department Director or the Human Resources Department at 201 North Carson Street, Room 4, Carson City, Nevada 89701.

Complainant Name:	Title:
Immediate Supervisor:	Department:
Division:	Section/Unit:
Work Location:	Work Phone:
Home Address:	Home Phone:

1. Type of Complaint:

Mark the type of Harassment/Discrimination that relates to this complaint:

Sexual Harassment

Sex Discrimination

Media Harassment (Sexting)

Race/Color Discrimination

Disability Discrimination

National Origin Discrimination

Sexual Orientation Discrimination

Gender Identity Discrimination

Military Status Discrimination

Gender Expression Discrimination

Genetic Information Discrimination

Religious Discrimination

Pregnancy Discrimination

Age Discrimination

Political Affiliation Discrimination

Claims of Workplace Harassment (Hostile Work Environment) and Retaliation must be based on at least one of the protected groups listed above. If making a claim of Hostile Work Environment or Retaliation, please mark the appropriate category listed above and mark the appropriate claim listed below.

Workplace Harassment (Hostile Work Environment)

Retaliation

If you make a complaint of Workplace Harassment/Discrimination it will be investigated. Please initial

2. Who or what do you believe was responsible for the alleged workplace harassment or discrimination incident(s)?

3. Accused Name

4. Title

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

6. Department

7. Division

8. Section/Unit

9. Work Location

10. Work Phone

11. Home Phone (or other)

12. Describe the alleged workplace harassment or discrimination 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.

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

☐ YES ☐ NO

If yes, please describe.

14. Were there any witnesses to the alleged workplace harassment or discrimination incident(s)?

☐ YES ☐ NO

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

15. Have you reported this incident to anyone else?

☐ YES ☐ NO

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

16. What remedy are you seeking?

NOTE: Please attach any supporting documentation to this form.

I, _____, certify this statement is true and factual.
(complainant name)

Complainant Signature

Date

Note: Complaints of sexual harassment and discrimination may also be filed with:

Nevada Equal Rights Commission
1325 Corporate Blvd., Rm. 115
Reno, NV 89502
(775) 823-6690

Nevada Equal Rights Commission
555 E. Washington Ave., Suite 4000
Las Vegas, NV 89101
(702) 486-7161

Equal Employment Opportunity Commission
(800) 669-4000

Northern Nevada Counties
350 The Embarcadero, Suite 500
San Francisco, CA 94105-1260
(415) 625-5600

Southern Nevada Counties
333 Las Vegas Blvd., Suite 8112
Las Vegas, NV 89101
(702) 388-5099

INTAKE SECTION (Completed by department director or other person receiving the complaint)

17. Comments

18. Name and phone number of person completing this form.

ORIGINAL TO HUMAN RESOURCES