

Office of Internal Investigations | investigations@hcps.org | P: 410-809-6087 | F: 410-809-6253

**EMPLOYEE DISCRIMINATION & HARASSMENT COMPLAINT FORM**

Instructions: Please print using a blue or black ink pen. Fill out all the information requested below as completely as possible. Return the completed and signed form to the Internal Investigator at investigations@hcps.org.

I am reporting on behalf of:  myself  someone else  anonymously

Contact Information	
Name:	Date:
Address:	
Phone:	Email:
School:	Location:
Employee Title:	

Indicate the ground(s) on which you are making your complaint of discrimination/harassment:		
<input type="checkbox"/> Sex	<input type="checkbox"/> Race	<input type="checkbox"/> Religion
<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Color	<input type="checkbox"/> Disability
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> National Origin	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Veteran Status
<input type="checkbox"/> Age	<input type="checkbox"/> Citizenship Status	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Workplace Harassment	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Other:
Dates of alleged misconduct:		
Earliest dates:	Latest date:	

1. Identify the alleged person(s), their title, and their location:

2. Describe the nature of your complaint, the incident(s), date(s), and place(s) (attach additional pages if necessary):

3. To whom have you gone for the resolution of the complaint? How did you or others try to resolve the complaint? What was the outcome?

4. Identify others who may have observed or witnessed the incident(s) that you described:			
Name:	Email:	Telephone:	Position:

5. Identify others you believe may have experienced the same situation:			
Name:	Email:	Telephone:	Position:

6. Do you have any documents that support your allegations? (Please list and attach a copy.)

7. Describe how you would like the complaint to be resolved. Be specific as possible.

I am requesting:	
<input type="checkbox"/> Facilitated Conversation/Mediation	<input type="checkbox"/> Investigation
<input type="checkbox"/> Additional Resources	<input type="checkbox"/> Discuss my options

To the best of my knowledge, the information I have submitted is true and accurate.	
Print Name:	
Signature	Date: