

DISCRIMINATION/HARASSMENT/RETALIATION COMPLAINT FORM

Instructions: The City of Monroe is committed to providing a work environment free from discrimination, harassment and retaliation. The City of Monroe's Anti-Harassment Policy outlines the City of Monroe's prohibitions against discrimination, harassment and retaliation. This policy can be found on the City of Monroe's website, the employee intranet site, or in the Human Resources Division located at City Hall, 400 Lea Joyner Memorial Expressway.

The Anti-Harassment Policy provides mandatory procedures, with several options for employees, to report prohibited conduct. One option for reporting discrimination, harassment or retaliation is to complete this form and provide it to your supervisor, Division Head, Department Head, or the Human Resources Division. You are not required to use this form to file a complaint. However, you should read and be aware of the City of Monroe's mandatory reporting procedures, whether you choose to use this form or not.

Any employee can report discrimination, harassment and retaliation, whether as a victim or a witness. Regardless of your experience with the discrimination, harassment or retaliation, it is important to be as specific as possible in your complaint so that the City of Monroe can fully investigate the conduct and take prompt corrective action, as necessary. Include all known information about the complaint, including the identity of any witnesses with knowledge of the allegations or offenses and any other known evidence related to the complaint. You are not limited to the space provided. The City of Monroe encourages you to attach any additional materials that may assist us in investigating the claim.

To investigate the complaint, the City of Monroe will need to interview you, those subject to the alleged discrimination, harassment or retaliation (if not yourself), the alleged offender(s) and any known witnesses. However, the City of Monroe will notify all individuals involved that the investigation is confidential to the extent permitted by law and make clear that unauthorized disclosures could result in disciplinary action.

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Employee Name:

Employee Title:

Supervisor or Manager Name:

Supervisor or Manager Title:

Today's Date:

Incident Date/Period of Ongoing Incidents:

Incident Time (if a single incident):

Incident Location (if a single incident):

This complaint concerns (please check all appropriate boxes):

Harassment Discrimination Retaliation

Identify the individual(s) who participated in discrimination, harassment or retaliation:

Identify the individual(s) subject to the alleged discrimination, harassment or retaliation:

Identify (to the best of your knowledge) when the discrimination, harassment or retaliation occurred. If it occurred over a period of time or continues to occur, identify that period of time:

Identify how you believe the discrimination, harassment, or retaliation occurred:

Describe in detail the facts that form the basis of this complaint (attach additional sheets of paper if necessary):

Has anyone else witnessed the alleged conduct? To the best of your knowledge, please identify those individuals and describe their scope of knowledge of the alleged conduct:

Are you aware of any other evidence of the alleged conduct (for example, documents, emails, videotapes, audiotapes, or other records or materials that substantiate your complaint)? To the best of your knowledge, please identify and describe any and all existing evidence and attach any and all existing evidence in your possession to this complaint:

Did you take any action to try to stop the alleged conduct? If so, please describe the action you took and what resulted:

Have you previously reported or complained about the alleged conduct or any other discrimination, harassment or retaliation while employed at the City of Monroe? If so, please identify the person you reported the conduct to, the date of the report and the resolution:

How would you like to see the situation resolved?

I certify that to the best of my knowledge, the information I have provided on this form is accurate. I understand and acknowledge that a copy of this complaint and any attachments may be provided to the alleged offender(s). I also understand that this complaint and any attachments may be viewed by appropriate administrators and other witnesses involved in the investigation of this complaint. I am willing to fully cooperate in this investigation.

Employee Signature

Date

Signature of Supervisor, Manager, Division Head, Department Head, or Human Resources Employee Receiving Complaint

Date