



COMPLAINT FORM
(Discrimination, Harassment and Workplace Issue Complaint Form)

Our Agency takes complaints of discrimination, harassment, unethical, unfair or unprofessional conduct as serious matters. So that we may properly investigate your concern, you are requested to fill out this form as completely as possible.

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| <p>Use this form to document: A claim made by an individual regarding a specific act which is alleged to have adversely affected an employee's existing terms or conditions of employment; or</p> <p>A claim made by an individual alleging that a provision of the Oregon Department of Transportation Policy(ies) has been violated.</p> |
| <p>Discrimination and Harassment-Free Workplace PER 19-01-02: http://intranet.odot.state.or.us/ssb/BSS/documents/p&p/PER_19-01-02_POLICY.pdf</p> |
| <p>Maintaining a Professional Workplace PER 01-09 http://intranet.odot.state.or.us/ssb/BSS/documents/p&p/PER_01-09_POLICY.pdf</p> |

If you have any questions about the process, please add them to the end of the form and we will do our best to answer them. Thank you.

Please print or type—Attach extra pages if necessary Date: _____

1. Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Position/Job Title: _____ Unit/Crew: _____ Region: _____

Union: _____ Date of Hire: _____ Work Schedule: _____

OR EIN#: _____ Supervisor: _____

2. Please identify the person or people and/or Division/Section this complaint is about.

Name(s) of Accused: _____

Division/Section: _____ Phone Number: _____

3. Please describe in as much detail as possible (including dates), the nature of your complaint (please attach additional pages if necessary) :

4. How were you adversely/negatively affected?

5. Witnesses: List the name and position of those who witnessed the conduct or incident.

6. Have you attempted to resolve your concern/complaint? If so, with whom? What happened?

7. Please describe any positive solutions you believe can help resolve your concern/complaint.

8. Do you believe that the action(s) taken against you were because of your protected class status? If so, how?

Protected Class may include the following (for a complete list, refer to PER 19-01-02 and PER 1-09):

**▪Age ▪Color ▪Disability ▪Family & Medical Leave ▪Medical Condition ▪Religion
▪National origin/Ancestry ▪Race ▪Sexual Orientation ▪Veteran Status**

Please include any documentation you believe is relevant to your complaint.

This form was filled out by:

- Complainant (employee making the complaint)
- HR Manager (name) _____
- EEO/AA Manager (name) _____
- Employment & Labor Relations Manager (name) _____
- Other (please specify) _____

The information on this form was gathered:

- By phone
- In person
- Submitted by the complainant
- Other (please specify) _____

By signing below, Complainant certifies that he/she has reviewed this complaint (including attachments) to confirm that it is accurate and complete.

Signature

Date

Return this form to:

Your local Human Resources Manager or ODOT Employee Civil Rights
EEO/ Affirmative Action/ADA Manager
Oregon Department of Transportation
3930 Fairview Industrial Dr.
Salem, OR 97302

Questions:

Please attach or add additional information or questions.