



**General Information**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

If discrimination and/or harassment was against another person, name and position of that person: \_\_\_\_\_

\_\_\_\_\_

I believe I was harassed/discriminated against because of my (select all that apply):

- |   |                                    |   |  |
|---|------------------------------------|---|--|
| <input type="checkbox"/> Race                   | <input type="checkbox"/> Sex       | <input type="checkbox"/> Age              | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Color                  | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Disability       | <input type="checkbox"/> Sexual Orientation  |
| <input type="checkbox"/> National Origin        | <input type="checkbox"/> Religion  | <input type="checkbox"/> Veteran's Status | <input type="checkbox"/> Gender Identity     |
| <input type="checkbox"/> Other (specify): _____ |                                    |   |  |

Person (or persons) you believe harassed you or discriminated against you:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Please explain the incident or conduct that is the basis of this complaint and include where and when it took place.

Attach additional pages, as necessary:

Why do you believe these actions were discriminatory and/or harassing?

What reasons, if any, were given to you for the acts you consider to be discriminatory and/or harassing?

Describe the corrective action you are seeking. Attach additional pages if necessary.



Suggested witnesses and contact information if known (e-mail and telephone numbers if you have them):

What do you believe these witnesses will tell us?

Do you know of any documents that may be relevant to this matter? Yes or no (if, yes, please attach).

Have you discussed this complaint with anyone else? Yes or no (if yes, list their name and contact information).

This complaint is based upon my honest belief that \_\_\_\_\_ has discriminated against and/or harassed me or another person. I hereby certify that the information I have provided is true, correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to:  
Workplace Equity Manager  
Jami McCart  
[Jami.McCart@slc.gov](mailto:Jami.McCart@slc.gov)  
Fax: 801-535-6405