DISCREMINATION AND/OR HARASSMENT COMPLAINT FORM

NAME:_____**DATE:** _____

TITLE: _____

DEPARTMENT:_____**SUPERVISOR:** _____

Reason(s) for Unlawful Treatment:

☐ Race ☐ National Origin ☐ Age ☐ Religion ☐ Sex ☐ Disability

☐ Color ☐ Retaliation ☐ Other (Please List):

Briefly Describe the Nature of the Complaint. Please explain why you believe discrimination and/or harassment has affected your employment with the City of Stephenville. Where possible, specify the date(s) of the incident(s) and name(s) involved. If additional space is needed, please attach additional pages.

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The City of Stephenville will not tolerate employment discrimination or harassment based upon an employee's or applicant's race, color, national origin, sex, religion, disability, or age, according to *Policy 7.06 Harassment & Discrimination.*

_____ _____

Employee Signature Date

Appendix E
Form 20