



DISCREMINATION AND/OR HARASSMENT COMPLAINT FORM

Name: _____

Date: _____

Title: _____

Department: _____

Supervisor: _____

Reason(s) for Unlawful

Race National Origin Age Religion Sex Disability

Color 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.

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