

**REPORT OF DISCRIMINATION – EMPLOYEE**

Name of Complainant: \_\_\_\_\_

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

For Applicants, Position for which Applicant Applied:  
\_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date(s) of Alleged Discrimination: \_\_\_\_\_

Name(s) of person(s) you believe discriminated against you or others: \_\_\_\_\_  
\_\_\_\_\_

Please describe in detail the incident(s) of alleged discrimination, including where and when the incident(s) occurred. Please name any witnesses that may have observed the incident(s). Please include a description of any past incidents that may be related to this complaint. Attach additional pages if necessary.

I certify that the information provided in this report is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant                      Date

Complaint Received By: \_\_\_\_\_  
Director or Compliance Officer                      Date

Date Adopted:                      May 16, 2013