

ONTARIO COUNTY DISCRIMINATION AND SEXUAL HARASSMENT COMPLAINT FORM

This form is to be used to document any claim of workplace discrimination or sexual harassment. To ensure that all complaints are managed appropriately, effectively, and in accordance with the County's policy, complaints should be documented using this form. Only those individuals authorized to receive such complaints as specified in the County's Non-Discrimination and Sexual Harassment Prevention in the Workplace Policy may do so.

Name of Complainant:	Department:
Name(s) of individual engaging in alleged discrimination or harassment:	Department:
Please describe the specific incident of discrimination or sexual harassment alleged. Describe each incident separately, including dates, times and locations. If you cannot remember exact dates, times or locations, please provide approximations. Use additional pages if necessary.	
Are there others who may have witnessed this alleged discrimination or sexual harassment? If so, please provide their name(s).	
Are there others who may have experienced similar alleged discrimination or sexual harassment by the individual named above? If so, please provide their name(s).	

Did you tell anyone about your experience after the alleged incident(s)? If yes, please provide their name(s).

Are there others who have witnessed this behavior or others who experienced similar behavior by the individual named above? If so, please provide their name(s) and if witness or individual with similar experience:

Did you speak to the individual named in this report about the alleged discrimination or sexual harassment? If yes, what was his or her response?

Complainant Signature*: _____ Date _____

Print Name: _____

Job Title: _____

*I attest that the information I have provided is a true and accurate description of my complaint and that I have not willfully or deliberately made false statements. I understand that Ontario County prohibits any individual from retaliating against me for filing a complaint and that I am to notify my Department Head, the Director of Human Resources, the Compliance Officer or the County Administrator if I believe that I am a victim of retaliation.

Signature of Person Receiving Complaint _____ Date _____

Print Name: _____

Job Title: _____