

**North Orange County Regional Occupational Program
EMPLOYEE COMPLAINT FORM
ROP E 1312.4**

Policy

Community Relations

Employees should access the Uniform Complaint Procedure when they believe that there has been a violation of federal and state laws on discrimination. The Deputy Superintendent, Administrative Services, is the designated complaint advisor for employees. This form should be used for discrimination complaints and for harassment complaints (including sexual harassment).

Please print

Name: _____ **Address:** _____ **Telephone:** _____

Complaint Filed

Against: _____ **Job Title:** _____ **Location:** _____

Please be complete and accurate in describing the problem

1. Describe the alleged discriminatory act(s) or omission(s). Be specific and include details, do not use broad terms like this person offended me or harassed me, describe what was said or done. Use additional pages if needed.	
2. Date(s) of the above incident(s)	3. Time(s) of the above incident(s)
Location(s) where the above incident(s) occurred	
Witnesses to, or other participants in, the above incident(s), including employees and other persons	
The discriminatory basis alleged (type of discrimination or harassment)	
Resolution desired	

I verify that the above information is true and correct to the best of my knowledge.

Employee signature _____ Date _____

HR Office Use:

Complaint: **9** In person **9** By Phone **9** Meeting **Date** _____
 9 Concluded **9** Decision **9** Investigation **Time** _____
 9 Appeal **9** Closed