



**DISCRIMINATION/HARASSMENT
FORMAL COMPLAINT FORM
FOR
MEDINA COUNTY**



Instructions:

Medina County is committed to providing a working environment that is free from discrimination and harassment. Prior to completing this form, it is important for you to be fully aware of the specific complaint procedures outlined in the Harassment policy found in the Employment Handbook, Policy number 7.030. In particular, please review the information on the time limits for filing a complaint as found in the aforementioned policy.

It is not a requirement that this form be used in order to file a complaint. If you do choose to use this form, please include all the requested information in your complaint. By being as specific as possible when discussing incidents of harassment, discrimination or retaliation, you will assist the investigators in the fact-gathering process.

Be sure to include the date(s) the incident(s) occurred, the name(s) of the person(s) involved and the name(s) of those who may have witnessed the incident. Your complaint is not limited to the space provided. You are encouraged to attach additional materials which may assist in the investigation process. Please note that information provided on this or any other form is not considered an official complaint unless it is signed by you and dated. Discrimination and harassment complaints may not be submitted by e-mail.

Upon receipt of your complaint, the appropriate County authority will review it. If it is determined that your complaint is complete, timely and raises covered issues, an investigation will be initiated and you will be informed of the outcome of the investigation.

To investigate your complaint, it will be necessary to interview you, the alleged offender(s), and any witnesses with knowledge of the allegations or defenses. The County will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action.

It is the expectation of the County that those who file a complaint will remain active and cooperative in the investigation process.

Submit discrimination/harassment complaints by mail or in person pursuant to Section IV of Policy 7.030.

Name: _____
 First *Middle* *Last*

Address: _____
 Street or P.O. Box *City* *State* *Zip*

Phone: *Day* _____ *Evening* _____

E-Mail Address: _____

County Department/Agency: _____

I Wish To Complain Against: _____
(Identify the person(s) directly responsible for the alleged violation)

Date of incident of alleged discrimination or harassment: _____
(Complaints must be filed within 30 days of the date of the prohibited discrimination.)

Place of incident of alleged discrimination or harassment: _____

Nature of alleged discrimination or harassment: _____
(Harassment of any nature; discrimination on the basis of your race, sex, sexual orientation, national origin, age, disability, color or religion; retaliation because you filed a complaint.)

Describe in detail the specific incident that is the basis of the alleged discrimination and/or harassment: *(Describe each incident of harassment, discrimination or retaliation separately. Please be as detailed as possible, giving names, dates and places; include phone numbers and addresses if possible. Use additional paper if needed.)*

Did the person you are complaining against state a reason for the action prompting your complaint? If yes, please describe:

Describe why you believe the incident you described was related to your race, sex, or whatever basis you indicated above, or why you believe you were retaliated against:

List and describe all documents, e-mails, records, materials and other evidence pertaining to your complaint:

List and identify all witnesses to the incident(s) or persons who have personal knowledge of information pertaining to your complaint:

Name

Have you previously reported or otherwise complained about this or related acts of harassment, discrimination or retaliation to a County supervisor or official? If so, please identify the individual to whom you made the report, the date you made the report and the resolution. ____ Yes ____ No

Please submit any additional information pertaining to the alleged discrimination /harassment:

Describe the injury or harm you suffered because of the alleged discrimination/harassment:

Complaint Acknowledgment:

I certify that to the best of my knowledge the information that I have provided is accurate and the events and circumstances are as I have described them.

I understand and acknowledge that a copy of this complaint, along with the attachments, will be furnished to the alleged offender ("respondent"). I have attached to this complaint any supportive evidence and/or documentation such as e-mails, records, materials which I believe support my allegation. I also understand and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint. I understand that I will have to provide contact information of witnesses identified in this complaint. I am willing to cooperate fully in the investigation and provide whatever evidence the County deems relevant.

I understand that the nature of this complaint, correspondence, and all discussions conducted in the course of investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action. I agree to abide by these guidelines.

Signature: _____ Date: _____