Date Received:

**MOHAVE COUNTY SUPERIOR COURT EMPLOYEE COMPLAINT FORM ALLEGING UNLAWFUL DISCRIMINATION, HARASSMENT, OR RETALIATION**

This form is to be used by employees in filing complaints that involve allegations of unlawful discrimination, harassment, or retaliation. Additional sheets of paper may be attached if the space on this form is inadequate to present the information. Complete **ALL** portions of the form. Maintain a copy of the form for your records.

**Employee is to complete Parts 1 – 4: Attach additional sheets of papers as necessary.**

PART 1:

Employee Name: Department:

Position: Date of Hire:

Employment Status: [ ] Regular [ ] Original Probationary [ ] Temporary

Check the type(s) of alleged unlawful discrimination and/or harassment you believe you have been subjected to:

[ ] Race [ ] Color [ ] Disability [ ] National Origin [ ] Ethnicity [ ] Religious Affiliation [ ] Age

(age 40 or older) [ ] Sex (Gender) [ ] Sexual Orientation [ ] Political Affiliation [ ] Veteran

Status [ ] Genetic Information [ ] Marital Status [ ] Socioeconomic Status [ ] Retaliation

PART 2:

1. List the date(s) and/or time period that the action(s) or incident(s) being complained about occurred:
2. Name of Immediate Superior and date(s) of meeting with Immediate Supervisor (if any):
3. Name of Department/Division Head and date(s) of meeting with Department/ Division Head (if any):

PART 3:

1. Describe the action or incident that occurred (include location of the incident, names of the individual(s) whose behaviors are alleged to constitute the prohibited discrimination, harassment and/or retaliation, what specifically occurred, dates, times and relevant facts).
2. How was your ability to work affected by the above action(s) or incident(s)?
3. List the names of witnesses, if any to the above action(s) or incident(s).

1. Were the above action(s) or incident(s) isolated instances or do you consider them a part of a pattern? Please explain.
2. List the names of individuals, if any, in your department who you have talked to about this issue. Are there any written documents relevant to the issue that you know about? If so, please identify and attach copies, if available.
3. Have you kept any written records (such as expense reports, personnel file memos, other notes, etc.), diaries or logs that are relevant to the issue? If so, attach copies.
4. Do you know if any other employees have the same or similar concerns? If so, please identify those individuals:
5. Are there any other issues you wish to address at this time?

PART 4:

Explain the action you are requesting to be taken to resolve your complaint or do you have any suggestions on how you think the issue could best be resolved?

 Employee Name Date