

Anti-Harassment and Discrimination Complaint Intake Form

Name of Complainant: _____	Date: _____
Phone Number:(work) _____ (home/cell) _____	Race: _____
Address: _____	Sex: _____
Date of most recent incident: _____	
Basis of Complaint: (Check all that are applicable) <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Sex <input type="checkbox"/> Religion <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Marital Status <input type="checkbox"/> Pregnancy <input type="checkbox"/> Genetic Information/Family Medical History <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender Identity or Expression <input type="checkbox"/> Retaliation <input type="checkbox"/> Other (Explain below)	
If City employee, position title: _____ <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Vendor <input type="checkbox"/> Resident <input type="checkbox"/> Other	
If City employee or volunteer, indicate Department: _____ <div style="text-align: center;">Supervisor's name: _____</div>	
If contractor or vendor, indicate Department name: _____ <div style="text-align: center;">Or contact person: _____</div>	

General Instructions

The City will not tolerate any form of harassment or discrimination, nor will it tolerate any form of retaliation against employees or other individuals who complain about harassment or discrimination or participate in any investigation concerning harassment or discrimination.

Any individual encountering harassment or discrimination is encouraged to inform the offending individual that his or her actions are unwelcome and offensive. The complaining party is encouraged to document all incidents of harassment, discrimination, or retaliation. Any individual who believes that he or she has been subjected to harassment, discrimination, or retaliation is strongly encouraged to file a complaint. **Complaints should be filed within 30 days of the most recent alleged adverse action or incident. All complaints are confidential until the investigation is complete or inactive and/or a finding is issued.**

To File a Complaint:

A. You may turn in this complaint form to any manager or supervisor, who will submit the form to the Equal Opportunity (EO) Officer in the Department of Human Resources and Workforce Development (HRWD), or you may file this form directly with the EO Officer at:

Equal Opportunity Officer
 Human Resources and Workforce Development
 300 S. Adams Street, Box A-14
 Tallahassee, FL 32301

B. Upon receipt of the completed complaint form, the EO Officer shall determine the action to be taken within five (5) working days from receipt of the complaint unless the complainant agrees to an extension of this time frame. Possible actions include, but are not limited to, facilitation of an informal resolution, mediation of the dispute, or formal investigation.

C. In the event that the complaint cannot be resolved informally, the EO Officer shall conduct an investigation in accordance with the Anti-Harassment and Discrimination Policy and issue an investigative report with findings to the affected Department Director. At the same time, the EO Officer will issue a written notice to the complainant and respondent that the investigation has been completed. The notice shall include a statement of the investigative findings.

D. The affected Department Director, in consultation with Human Resources and the Office of the City Attorney, will determine if any action and/or disciplinary action is appropriate as a result of the investigative findings.

