

Summary of Complaint (continued):

Have you spoken directly with the person whom you feel has discriminated against/harassed you? If so, when? What did you say to them?

Please list any persons who witnessed the situation(s) you described:

Please list any co-workers or supervisors who did not witness the situation(s) but to whom you have spoken to about the situation(s):

Do you have any documentation and/or physical evidence to support your complaint? If so, please describe and attach copies if possible:

I certify that this information is true and accurate to the best of my knowledge. I understand that during the course of an investigation into my complaint, it will likely be necessary for the Toledo-Lucas County Health Department to disclose my identity to the person(s) accused. I give permission to the Toledo-Lucas County Health Department to fully investigate the incident(s) I have described in this complaint.

Signature

Date

Received in HR by _____ on ____ / ____ / ____