

Toledo-Lucas County Health Department Employment Discrimination / Harassment Complaint Form

The Toledo-Lucas County Health Department complies with federal and state laws that prohibit discrimination in any term or condition of employment (hiring, discipline, compensation, assignment of duties, promotion, transfer, layoff, recall, training, benefits, etc...) based on race, color, religion, sex or gender identity, national origin, age, marital status, disability, pregnancy, military/veteran status, genetic information or sexual orientation.

The Toledo-Lucas County Health Department also prohibits harassment based on race, color, religion, sex or gender identity, national origin, age, marital status, disability, pregnancy, military/veteran status, genetic information or sexual orientation, as well as "bullying" in the workplace and sexual harassment.

| Name: | | |
|-------------------------|---------------------------------|--------------------|
| Office/Department: | | |
| Daytime Contact Phone # | : | |
| I believe that I: | Have been discriminated against | |
| | Am being harassed | |
| Based on: | | |
| My Race | My Color | My Religion |
| My Sex | My Gender ID | My National Origin |
| My Age | My Marital Status | My Disability |
| My Pregnancy | My Military/Vet Status | My Genetic Info |
| My Sexual Orientation | "Bullying" | Sexual Harassment |

Explain WHEN, HOW & WHERE you believe you have been discriminated against or harassed, and by WHOM (continue on back page or attach additional pages if needed):

| Summary of Complaint (continued): | | |
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| Have you spoken directly with the person whom you feel has discriminated against/harassed you? If so, when? What did you say to them? | | |
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| Please list any persons who witnessed the situation(s) you described: | | |
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| 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): | | |
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| 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. | | |
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| Signature Date | | |
| Received in HR by on | | |