

EMPLOYMENT DISCRIMINATION AND HARASSMENT COMPLAINT FORM

Office of the Affirmative Action Officer, Jefferson County, Alabama
 716 Richard Arrington Jr. Blvd. North
 Suite A640
 Birmingham, AL 35203
 (205) 325-5249
affirmative_action@jccal.org

Office Hours: Monday – Friday
 8:30 a.m. - 4:00 p.m.

UNDER THE DIRECTION OF THE RECEIVER OF THE HUMAN RESOURCE FUNCTIONS OF JEFFERSON COUNTY, ALABAMA

TIME/DATE STAMP

Full Name:		Employee Number:
Mailing Address:		Job Title:
Telephone Number:		Department: Building/Job Site:
Immediate Supervisor:		Department Supervisor:

Which of the following do you believe apply to your complaint? Check all that apply.

I believe I was discriminated against because of my:

- Race Age Religion Sex National Origin Disability Veteran Status

I believe I was retaliated against because of a complaint of discrimination or harassment. Yes No

I believe I was harassed in the workplace: Yes No

Please describe who discriminated against and/or harassed you.

Name: _____ Telephone Number: _____

Job Title: _____ Department: _____

Relationship to You (i.e., they are your supervisor, co-worker, subordinate, etc.): _____

Please describe how you were discriminated against and/or harassed. **Please provide specific details.** Be sure to include all relevant **dates, locations, times, and frequency** of any incidents. Attach additional pages if necessary.

Whom should we interview in order to investigate your claim? List anyone who might have been witness to the incident(s) or anyone that might have experienced similar discrimination or harassment.

Name	Telephone Number	Position/Department
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Are there documents, including correspondence, that we should review in order to investigate your claim? Yes No

Do you have copies of the documents? Yes No

If you do not have copies, how may we obtain copies? _____

Did you communicate with the discriminator/harasser about the harassment incident(s)? Yes No

If yes, please describe the interaction in detail: _____

Did you tell anyone else about the discrimination and/or harassment? Yes No

If yes, please fill out their information below:

Name	Telephone Number	Position/Department (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

How would you like to see this matter resolved?

Have you filed a Charge of Discrimination with the EEOC or any other body or court regarding this matter? Yes No

If so, please provide the following information:

Body or Court: _____

Case Number: _____ Year: _____ Status/Outcome: _____

Contact Person: _____ Telephone Number: _____

By signing below, I am filing the above complaint of discrimination/harassment and am asking the Affirmative Action Officer, under the direction of the Receiver, to investigate my claims. I promise that the facts and documents submitted are true and genuine.

EMPLOYEE SIGNATURE
Date: