WASHOE COUNTY DISCRIMINATION AND HARASSMENT COMPLAINT FORM

DATE: _____

NAME: _____ **PERSONNEL NUMBER:** _____

Last First Middle

ADDRESS: _____

Street City Telephone Number

( ) I am personally claiming discrimination and/or harassment.
( ) I am filing on behalf of another person claiming discrimination and/or harassment.

_____

Department in which act of discrimination and/or harassment occurred.

Basis on which this complaint is filed:		
( ) Race	( ) Sex	( ) National Origin
( ) Color	( ) Sexual Orientation[1]	( ) Age
( ) Religion	( ) Gender Identity or Expression[2]	( ) Disability
Discrimination is claimed to have occurred in the area of:		
( ) Hiring	( ) Referral	( ) Segregated Facilities
( ) Job Classification	( ) Termination	( ) Qualifications/Testing
( ) Promotion	( ) Advertising	( ) Intimidation/Reprisal
( ) Training/Apprenticeship	( ) Job Interview	( ) Assignment of Duties

Remedy you are seeking if the alleged act is proven to be discriminatory:

_____

_____

IMPORTANT! Please answer as completely as possible the following questions. Use the back of this paper and as many additional sheets as necessary.

1. How were you treated differently than any other applicant or employee?
2. Did the alleged act result in any personal harm to you?
3. Why do you believe the actions you describe in Question #1 are discriminatory?
4. Who or what do you believe is responsible for the discrimination you describe?
5. Were there any witnesses to the act? If so, give names and addressed where they can be reached.
6. Please specify dates of occurrence for any acts of discrimination or harassment.

I certify the above statements to be true and factual to the best of my knowledge.

Signature:_____Date: _____

[1.] This policy takes effect upon adoption by the Board of County Commissioner's. Sexual orientation was added to state law by Chapter 410 Statutes of Nevada 1999 and becomes effective October 1, 1999.
[2.] Gender identity or expression was added to NRS 613.350 in 2013.