

2. Were there witnesses to these events? Yes No

If yes, please list their name(s): _____

3. Did you ask the person to stop the behavior? Yes No

What is the name of the person? _____

When did you ask the person to stop? _____

What did you say? _____

Was anyone else present during this conversation? Yes No

If yes, please provide name(s): _____

4. Based on the information you've provided, do you believe you are/were being harassed or discriminated against on the basis of Race Color Sex Religion Age National Origin Disability Marital Status Pregnancy Other Protected Class None of these

If none of these apply, then on what basis? _____

5. How would you like to see this situation resolved/behavior stopped?

6. What additional information would assist us in investigating your complaint? _____

EMPLOYEE AUTHORIZATION

I understand that by providing this information the Douglas County Civil Service Commission/Human Resources Department may conduct an internal investigation, and I may be required to provide additional information. I attest that the information provided in this Questionnaire is truthful and accurate to the best of my knowledge. I understand providing false information may lead to disciplinary action, up to and including termination.

I understand my Elected Official/Department Head will be involved in the resolution unless of the complaint unless it directly relates to him/her. I also understand that due to the confidential nature of the complaint that specific actions involving others will not be reported to me.

I understand that retaliation for bringing forth a complaint is not tolerated by Douglas County, and I am to immediately contact Human Resources if I believe I am being retaliated against as a result of filing this complaint.

If you have any questions, please contact the Human Resources Director at 402-444-6123.

Signature

Date

Upon completing this form, please present to the CSC Office/Human Resources