



INTERNAL

GBA ♦ GSFIC ♦ SPC

Human Resources Form

POLICY FORM # HR-03

UNLAWFUL DISCRIMINATION COMPLAINT FORM

PAGE 1 OF 2

Employee Name: _____ Employee ID #: _____

Job Title: _____ Department: _____

Work Telephone: _____ Home Phone: _____

Best time to reach you by phone: _____ E-mail: _____

Preferred Mailing Address: _____

I believe I have been unlawfully discriminated against because of my (check as many as apply):

- Race
- Disability
- Color
- Age
- Sex
- Religion
- National Origin
- Political Opinions or Affiliations

And/Or because of:

- Retaliation for having filed or participated in a previous complaint of unlawful discrimination
- Sexual harassment in the workplace

Please provide the name(s) and job titles of the person or persons you allege are responsible for the unlawful discrimination, retaliation, or sexual harassment.

Please describe the factual basis for your complaint. Please provide as much detail as possible including the time and place of the discrimination, the names of any witnesses, and describe the problems you are experiencing because of the discrimination. Please continue on a separate sheet and attach any documents that support your allegation.
