



Multnomah County Internal Discrimination/Harassment Complaint Form

Instructions:

Before completing this form, please read all instructions, including the Confidentiality statement below. Use this form to file a complaint of discrimination/harassment in employment under any of the County’s programs. Note: This rule specifically applies to Multnomah County Personnel Rule – Chapter 3 Workplace Management, Article 3-40.

Definitions:

- Discrimination complaint: Alleges an action was motivated by discrimination.
- Discrimination: Unequal or different treatment on the basis of a protected category establish by policy or law.
- Harassment: Verbal or physical conduct that is derogatory or shows hostility based on a protected category.
- Sexual Harassment: Any unwelcome conduct including but not limited to sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature that has the purpose or effect of unreasonably interfering with an employee’s work or creates an intimidating, hostile or offensive working environment.

Confidentiality Notice:

The authority for collecting this information comes from Multnomah County’s commitment to provide its employees with a workplace that is free of illegal bias, prejudice and harassment. The information obtained by this form is used to process complaints and conduct investigations of alleged violations of the County’s policies. The information collected may be verified with others who may have knowledge relevant to the complaint. Failure to provide complete information may impede the investigation process and the action that can be taken on your behalf to resolve the issues associated with the complaint. Furthermore, failure to use the internal complaint process may impact your rights to take any legal action on the complaint or associated issues. Alternatives to filing an internal complaint may also be available under applicable collective bargaining agreements, through mediation and channels established by individual County Departments. External resources for filing complaints include the State of Oregon’s Bureau of Labor and Industries Civil Rights Division and the United States Equal Employment Opportunity Commission.

Non-Retaliation:

Multnomah County policies require its managers and supervisors to take all necessary steps to assure that there is no retaliation against any person who files a complaint or assists in its investigation. This includes any intimidation, threat, coercion or discrimination. Any employee involved in retaliatory conduct will be subject to disciplinary action in accordance with the Personnel Rules or appropriate collective bargaining agreement. Please notify the Diversity, Equity and Affirmative Action Office immediately if any retaliation occurs: (503) 988-5015.

Prompt Filing:

In order to investigate complaints in a timely manner, all internal complaints must be filled within 30 days of the event that gave raise to the complaint.

Complainant Information:

Today’s Date:		
Name:		
Address:		
City:	State:	Zip Code:
Home Phone: (503)		Cellular Phone: (503):
Work Phone: (503)		
Department:	Inter-office Address:	
Job Title:		

Person(s) Alleged to have discriminated or harassed you:

Name:	Title:
Department:	Section:
Work Phone: (503)	

List others below:

Name:	Title:
Department:	Section:
Work Phone: (503)	

Name:	Title:
Department:	Section:
Work Phone: (503)	

Name:	Title:
Department:	Section:
Work Phone: (503)	

List Witnesses:

<u>Name</u>	<u>Department/Section</u>	<u>Phone#</u>	<u>Type of Information They Can Provide</u>

Date of alleged discriminatory/harassing act(s):

Check the category (categories) you believe to be the basis of the discrimination/harassment against you. If you believe that there is more than one basis, more than one category may be checked.

- | | | |
|---|--|--|
| <input type="checkbox"/> Color | <input type="checkbox"/> Race | <input type="checkbox"/> Source of Income |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Religion | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Sex (<input type="checkbox"/> Male) or (<input type="checkbox"/> Female) | |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Sexual harassment | |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation | |
| <input type="checkbox"/> Other (please list): | | |

If your complaint is related to **race**, **national origin**, or **religion**, please state your group of identification for which you are alleging race or national origin or religious discrimination: (i.e., Black, White, Latino, Asian, American Indian) (Muslim, Christian, Jewish, etc.)

➤ List group of identification:

Check the category (categories) below that best represent the area of your concern:

- | | | |
|---|--|--|
| <input type="checkbox"/> Accommodation | <input type="checkbox"/> Layoffs | <input type="checkbox"/> Seniority |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Opportunities | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Facilities Access | <input type="checkbox"/> Pregnancy Leave Policy | <input type="checkbox"/> Training |
| <input type="checkbox"/> Hiring | <input type="checkbox"/> Promotion | <input type="checkbox"/> Treatment |
| <input type="checkbox"/> Job Assignments | <input type="checkbox"/> Recall | <input type="checkbox"/> Work Environment |
| <input type="checkbox"/> Job Benefits | <input type="checkbox"/> Religious Observation | <input type="checkbox"/> Wages |
| <input type="checkbox"/> Other (please list): | | |

FOR EACH ISSUE, EXPLAIN IN YOUR STATEMENT OF COMPLAINT HOW YOU WERE DISCRIMINATED AGAINST, HARASSED OR DENIED AN ACCOMMODATION.

1. Do you know of any other employees or applicants of your group who was treated in the same way as you allege you were treated?

- Yes If yes, include their names in your statement below and explain how they were treated.
- No
- Don't know

2. Do you know any other employee or applicant who is not of your group who was treated in the same way as you allege you were?

- Yes If yes, include their names in your statement below and explain how they were treated.

No

Don't Know

Statement of the Complaint:

In the space provide below, describe in detail the alleged discriminatory act(s). **Please include the following points:**

- Why you believe the act(s) was based on a reason protected by policy;
- Dates, places, names and titles of persons involved and witnesses, if any;
- What discriminatory act(s) took place;
- Describe any explanations , if any, that was offered for the act(s) that occurred; and
- Any and all information you can provide that supports your allegations.

If this is a complaint based on disability, describe your request for any reasonable accommodation and the explanations given regarding your request.

ALLEGATIONS (Statement of Complaint):

NOTE: AN ADDITIONAL SHEET MAY BE ADDED TO PROVIDE FURTHER INFORMATION RELEVANT TO THE COMPLAINT.

How would you like the matter resolved?

Signature and Verification:

I have reviewed and read this document and to the best of my knowledge all information it contains is true and correct.

Signature of Complainant: _____ Date: _____

Intake Worker's Name:	
Title:	Date:

(If the Intake Worker is a different person from the Investigator, state the Investigator's name below.)

Investigator's Name:	
Date Investigation Started:	Date Investigation Ended:

Findings/ Determination:

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Recommendations:

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Action Steps (if any) to complete the process:

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Signature of Investigator: _____ Date: _____
