



DISCRIMINATION/HARASSMENT/RETALIATION COMPLAINT FORM

Employees/Applicants

Instructions: Palm Tran and Palm Beach County are committed to providing a work environment free from discrimination, harassment, and retaliation. Palm Tran's EEO Program, PPM PT – H029, and Palm Beach County's PPM CW-P-029 outline Palm Tran's and the County's prohibitions against discrimination, harassment, and retaliation.

This policy provides mandatory procedures with several options for employees and applicants to report prohibited conduct. One option for reporting discrimination, harassment, or retaliation is to complete this form and provide it to the EEO Officer. However, you are not required to use this form to file a complaint. You may also contact the EEO Officer via telephone at (561) 812-5351 or email at PALM-EEO@pbcgov.org

It is essential to be as specific as possible in your complaint so that Palm Tran can thoroughly investigate the conduct and take prompt corrective action as necessary. Include all known information about the complaint, including the identity of any witnesses with knowledge of the allegations or offenses and any other known evidence related to the complaint. You are not limited to the space provided. You are encouraged to attach any additional materials that may assist us in investigating the complaint. Although not encouraged because it limits our ability to verify the facts alleged in your complaint, you may also submit this complaint anonymously.

Applicant/Employee Name:

Employee Title:

Contact Phone #:

Supervisor or Manager Name:

Supervisor or Manager Title:

Today's Date:

Incident Date/Period of Ongoing Incidents:

Incident Time (if a single incident):

Incident Location (if a single incident):

Basis of Discrimination: (Check all that apply)

- ☐ Age
- ☐ Race
- ☐ Color
- ☐ National Origin (includes country of origin, ethnicity, and accent)
- ☐ Religion (please specify)
- ☐ Sex (includes sexual harassment)
- ☐ Sexual Orientation/Gender Identity
- ☐ Pregnancy
- ☐ Marital Status (includes single or married status)
- ☐ Disability (please select all that apply):
 - ☐ I am a person with a disability
 - ☐ I do not currently have a disability, but I had one in the past
 - ☐ I do not have a disability, but my employer treats me as if I have a disability
 - ☐ I do not have a disability, but I am associated with someone with a disability

What is the disability/disabilities you believe is the reason for the adverse action taken against you? Please list all that apply:

- ☐ Retaliation (select all that apply)
 - ☐ I complained about harassment or discrimination to my employer based on a protected basis, and an action was taken against me.
 - ☐ I filed a charge of discrimination or participated as a witness in a harassment or discrimination investigation, and an action was taken against me.
 - ☐ I reported illegal activity on the part of my employer or I refused to participate in illegal activity on the part of my employer, and an action was taken against me.
- ☐ None of the above
- ☐ Other _____



What occurred that you feel is discriminatory, harassing, or retaliatory? Please check all that apply and indicate when the action occurred.

ACTION	First Date	Last Date
<input type="checkbox"/> Refused to hire		
<input type="checkbox"/> Terminated/laid off		
<input type="checkbox"/> Demoted		
<input type="checkbox"/> Disciplined		
<input type="checkbox"/> Suspended		
<input type="checkbox"/> Sexually harassed		
<input type="checkbox"/> Harassed or intimidated		
<input type="checkbox"/> Denied training		
<input type="checkbox"/> Denied promotion		
<input type="checkbox"/> Denied leave time or other benefits		
<input type="checkbox"/> Paid lower wages than other workers with the same title		
<input type="checkbox"/> Received different or worse job duties than other workers with the same title		
<input type="checkbox"/> Denied an accommodation for disability or pregnancy		
<input type="checkbox"/> Denied an accommodation for religious practices		
<input type="checkbox"/> Received a negative performance evaluation		
<input type="checkbox"/> Forced to resign because of discriminatory treatment		
<input type="checkbox"/> Other:		

4. Has anyone else witnessed the alleged conduct? To the best of your knowledge, please identify those individuals by name, job title, and, if available, contact information, and describe their scope of understanding of the alleged conduct:

5. Are you aware of any other evidence of the alleged conduct (for example, documents, e-mails, videotapes, audiotapes, or other records or materials that substantiate your complaint)? To the best of your knowledge, please identify and describe any existing evidence and attach any existing evidence in your possession to this complaint:

6. Have you previously reported or complained about the alleged conduct? If so, please identify the person you reported the conduct to, the date of the report and the resolution:

7. How would you like to see the situation resolved?

I acknowledge that I have read and understand the above information. To the best of my knowledge, I certify that the information I have provided on this form is accurate. I understand and acknowledge that a copy of this complaint and any attachments may be provided to the alleged offender(s). I also know that this complaint and any attachments may be viewed by appropriate administrators and other witnesses involved in investigating this complaint on a need-to-know basis.

Employee/Applicant Signature

Date

Please return the completed and signed form to
PALM-EEO@pbcgov.org

The form can also be mailed to
Att: Lina Aragon, EEO Officer
50 S. Military Trail, suite 101, West Palm Beach Fl. 33415



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