

DISCRIMINATION/HARASSMENT/RETALIATION COMPLAINT FORM

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 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 to report prohibited conduct. One option for reporting discrimination, harassment or retaliation is to complete this form and provide it to the the EEO Office. You are not required to use this form to file a complaint.

Any employee can report discrimination, harassment and retaliation, whether as a victim or a witness. Regardless of your experience with the discrimination, harassment or retaliation, it is important to be as specific as possible in your complaint so that Palm Tran can fully 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 claim. This form must be signed and dated by you to be considered an official complaint. Although not encouraged because it limits our ability to verify the facts alleged in your complaint, you may submit this complaint anonymously.

To investigate the complaint, Palm Tran will need to interview you, those subject to the alleged discrimination, harassment or retaliation (if not yourself), the alleged offender(s) and any known witnesses. However, we will notify all individuals involved that the investigation is confidential to the extent permitted by law and make clear that unauthorized disclosures could result in disciplinary action.

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 (if you are 40 years of age or older)
- 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 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 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 discrimination? 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 same title		
<input type="checkbox"/> Received different or worse job duties than other workers in 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:		

Identify the individual(s) who participated in discrimination, harassment or retaliation:

Identify the individual(s) subject to the alleged discrimination, harassment or retaliation:

Identify (to the best of your knowledge) when the discrimination, harassment or retaliation occurred. If it occurred over a period of time or continues to occur, identify that period of time:

Identify why you believe the discrimination, harassment, or retaliation occurred:

Describe in detail the facts that form the basis of this complaint (attach additional sheets of paper if necessary):

Has anyone else witnessed the alleged conduct? To the best of your knowledge, please identify those individuals and describe their scope of knowledge of the alleged conduct:

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 and all existing evidence and attach any and all existing evidence in your possession to this complaint:

Did you take any action to try to stop the alleged conduct? If so, please describe the action you took and what resulted:

Have you previously reported or complained about the alleged conduct or any other discrimination, harassment or retaliation while employed with Palm Beach County? If so, please identify the person you reported the conduct to, the date of the report and the resolution:

How would you like to see the situation resolved?

I acknowledge that I have read and understand the above information. I certify that to the best of my knowledge, 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 understand that this complaint and any attachments may be viewed by appropriate administrators and other witnesses involved in the investigation of this complaint. I am willing to fully cooperate in this investigation.

Employee Signature

Date

Signature of Investigator Reviewing
Complaint

Date