



**INTERVIEW REPORT FOR INFORMAL DISCRIMINATION & HARASSMENT COMPLAINT
FORM**

Date of Interview:	Person Making Complaint:
Type of Discrimination/Harassment Alleged: __ Race __ Sexual __ Religious __ Color __ National Origin __ Age __ Ancestry __ Disability __ Military Status __ Sexual Orientation	Names of Witnesses:

Witness Statement 1:

Signature of Witness 1: _____

Witness Statement 2:

Signature of Witness 2: _____

Witness Statement 3:

Signature of Witness 3: _____

Additional witnesses can be added with signatures.

Proposed action to prevent situation from occurring again:

Signature of the Appointing Authority: _____ **Date:** _____

At the beginning of each interview, the following is to be read to each person interviewed: ***“I want to inform you that by making this complaint at this office, this does not preclude you from, not do you forfeit your right of, making and filing a formal complaint with any human rights agency.”***

If the complaint is a group complaint, all employees in the group shall sign on the back of the form. The employee whose name appears on the signature line below shall process the complaint. The complaint must be addressed verbally with the employee(s) immediate supervisor within five (5) working days from the date of the alleged complaint.

SIGNATURE OF EMPLOYEE

DATE

SUPERVISOR WHO RECEIVED COMPLAINT

DATE

Response of Supervisor: