

Harassment Complaint Form

It is FRTIB's policy to provide for a work environment free from all forms of harassment, including sexual harassment, and harassment on the basis of race, color, gender, national origin, religion, sexual orientation, age, genetic information, reprisal, parental status, or disability.

Directions: To facilitate the review process, employees who believe they have been harassed are strongly encouraged to complete this form. This will provide the reviewer(s) with information that is useful in responding as quickly as possible to the complaint. Please fill out this form and return it to the Human Resources Division (HRD), Attn: April C. Lane, Human Resources Specialist (ER). If you require additional space, please use a blank sheet of paper.

Background Information

Date:

Your Name:

Department:

Immediate Supervisor:

Name and title of the person against whom allegations of harassment are being made:

Name of person referring the complaint (if different from the person alleging harassment)

What Happened?

Please briefly describe the incidents and/or behaviors that prompt your complaint.

When and where did the incidents and/or behaviors that you are complaining about occur? If there was more than one incident/behavior, please list each date. If you cannot remember exact dates, times or locations, please provide approximations.

Why do you think you are being subjected to the incidents and/or behaviors described above?

Are there any documents (including emails, text messages, etc.) related to what happened? If so please list the documents here and attach copies of the documents to this form.

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Did you tell anyone about the incidents/behaviors that occurred that you are complaining about? If so, list their names and the approximate date/time you told them about the incidents/behaviors at issue.

Is there any other information that you would like the reviewer(s) to know? If so, please provide it here:

How would you like to see the situation resolved?

Would you like to participate in Alternative Dispute Resolution (ADR) _____ Yes _____ No
The goal of ADR is to provide a forum where the complaining and responding parties can, with the aid of a third party neutral, come to a mutually agreed upon resolution.

Acknowledgment

To investigate your complaint, it may be necessary to interview you, the alleged harasser(s), and any witnesses with knowledge of the allegations or defenses. The Human Resources Division (HRD) will notify all persons involved in the investigation that it is confidential. Retaliation against any employee who reports a problem or files a complaint of harassment will not be tolerated and should be immediately reported to HRD.

The information provided in this complaint is true and correct to the best of my knowledge.

_____/_____/_____
Employee Signature Date

What happens next: This form will be referred to the Human Resources (HR) Officer. The HR Officer will review your complaint and determine what, if any, action should be taken. Such action may include an informal inquiry or formal investigation into the harassment allegations. Any investigation/inquiry will be prompt, thorough, and impartial. The HR Officer will advise you of the conclusions reached after the investigation or inquiry. If the HR Officer concludes that harassment has occurred, immediate and appropriate corrective action will be taken.

Note: An employee who submits this form has **not** filed an Equal Employment Opportunity (EEO) complaint. **If you believe you may have been subjected to discrimination or retaliation, including harassment based on membership in a protected class, you can contact the Agency EEO Program Manager to initiate the EEO process.** An employee who wishes to file an EEO complaint must contact the EEO Program Manager within 45 calendar days of the alleged discriminatory or retaliatory conduct or the date they became aware of the discriminatory or retaliatory conduct. Failure to do so may result in the dismissal of the EEO complaint.

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Privacy Act Notice

Authority – The FRTIB is authorized to collect this information pursuant to: 5 U.S.C. § 8474; 29 U.S.C. § 701 *et seq.*; 42 U.S.C. § 2000e *et seq.*; and 5 C.F.R. Part 136.

Purpose – The FRTIB will only use this information to uphold the FRTIB’s Anti-Harassment policy. By completing and submitting this form, you are authorizing the FRTIB to use this information to evaluate, respond to, and further investigate your allegation your allegations where necessary.

Routine Uses – FRTIB will protect the confidentiality of the information you provide to the extent possible, but cannot guarantee complete confidentiality. FRTIB cannot guarantee complete confidentiality, because an effective inquiry usually cannot be conducted without revealing certain information to the alleged harasser and potential witnesses. However, the information will only be used by FRTIB personnel who need the information to assist in reviewing, evaluating, or resolving your complaint.

Disclosure – Furnishing this information is voluntary. However, failure to furnish the requested information may delay the completion of your complaint or result in an inability to evaluate your allegations. The information contained in this form is confidential, but may be used in a subsequent investigation or litigation involving the claims or facts alleged.