



City of Elk Grove Human Resources

DISCRIMINATION AND HARASSMENT PROCESS & COMPLAINT FORM

(This form is for optional use by complainant; complaints may be submitted in other formats.)

The City of Elk Grove is committed to creating an environment in which all individuals are treated with respect and professionalism free of discrimination, harassment, and retaliation. Anyone who believes they have been harassed or have been the recipient of discriminatory behavior by an employee or agent of the City of Elk Grove, may make a complaint verbally or in writing. The City encourages all individuals to report any conduct that is believed to violate the City's discrimination policies as soon as possible. Use of this form is voluntary. You may submit a complaint of discrimination or harassment through other methods, including other writings or verbally. However, the City encourages use of this form to ensure that we best understand your claim and can take appropriate action to address it.

Allegations of discrimination or harassment are taken very seriously and will be promptly and objectively reviewed. Where discrimination or harassment has been established, appropriate remedial action commensurate with the severity of the offense will be taken in accordance with existing law and City policies.

Following receipt of a discrimination or harassment complaint, the City will notify the complainant of receipt within 10 calendar days. Should the City determine that an investigation into the allegations of a complaint is appropriate, the City may undertake any or all of the following actions:

1. Notify all relevant parties of the complaint.
2. Investigate, or oversee a fair, timely, thorough and impartial investigation of the allegations by a qualified investigator, and document and track the investigation's progress so as to ensure reasonable and timely progress and closure.
3. Complete, or cause to be completed, a written report setting forth a statement of the allegations, factual findings and conclusions based on the evidence collected, and recommended remedial or corrective actions, if any.
4. Discuss the findings of the investigation with appropriate individuals. In cases where a finding of misconduct in violation of City policy is sustained, appropriate remedial measures will be discussed and taken. At the conclusion of the investigation, the complainant shall be given a letter, summarizing the investigation outcome, findings and that appropriate remedial measures were taken, if applicable.

City employee shall fully cooperate with the investigator, and non-City employees are encouraged to do the same. The investigator shall have access to any and all records necessary for completion of the investigation. All City employees involved as a party or witness in an investigation pursuant to City policy are required to answer all questions truthfully and fully. The investigation process will be completed in a prompt and timely matter. The amount of time necessary to complete the investigation will depend in each circumstance on the availability of all relevant parties, access to relevant documentation, and other circumstances that may extend the time period involved to allow completion of the investigation and recommendation. The City will maintain communication with all relevant parties throughout the investigation process.



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DISCRIMINATION AND HARASSMENT COMPLAINT FORM

(This form is for optional use by complainant; complaints may be submitted in other formats.)

Name:	
Address/Department:	Title:
Phone:	Email:

Status of Complainant:	<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant	<input type="checkbox"/> Resident / Visitor	<input type="checkbox"/> Other _____		
Type of Complaint:	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Harassment	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Other _____			
Basis of Complaint:							
<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age	<input type="checkbox"/> Gender	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Gender Identity & Expression	<input type="checkbox"/> Disability	<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Domestic Partnership Status			
<input type="checkbox"/> Veteran Status	<input type="checkbox"/> Military Service	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Other _____				

Name of Individual(s) engaging in alleged discrimination or harassment		
Name:	Department:	Title:
Name:	Department:	Title:
Name:	Department:	Title:
Name:	Department:	Title:

Status of Individual(s) engaging in alleged discrimination or harassment:
<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Customer <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
Relationship of Individual(s) engaging in alleged discrimination or harassment
<input type="checkbox"/> Coworker <input type="checkbox"/> Supervisor <input type="checkbox"/> Management <input type="checkbox"/> Council <input type="checkbox"/> Other _____

Describe specific act(s) alleged with date(s), time(s) and location(s) if possible. If additional space is needed, use reverse side of paper or attach additional sheet(s).

Name: _____ Date: _____ Time: _____ Location: _____
Act(s): _____

Has anyone witnessed the alleged behavior? Yes No

If yes, please list names and contact information:

Name	Contact information:
Name	Contact information:
Name	Contact information:

Did you take any action to stop the alleged behavior? Yes No

If yes, please summarize the action taken:

How would you like to see the situation resolved?

Additional information or comments:

The above information is true and correct to the best of my knowledge.

Signed: _____

Dated ____/____/____

Please return this form to:

City of Elk Grove - Human Resources – 8401 Laguna Palms Way Elk Grove, CA 95758 (916) 683-7111 Fax: (916) 627-4450