

**Arizona House of Representatives
FORMAL HARASSMENT COMPLAINT FORM**

Employee instructions: Please provide all information and retain a copy for your records. TYPE or PRINT LEGIBLY. Information concerning the complaint process is provided in the Arizona House of Representatives Policy on Workplace Harassment. Complaints may be submitted using this form or by alternative means to any of the following: Majority or Minority Chief of Staff; General Counsel of the Majority or Minority Staff; The Rules Attorneys; Chief Clerk; or your staff Director or Supervisor.

Name: _____ Division: _____
EIN: _____ Work Phone: _____
Job Title: _____ Supervisor's Name: _____

Complaint of alleged harassment/discrimination based on (check appropriate box(es):

- | | | |
|--|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Age | <input type="checkbox"/> Religion | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Retaliation for Prior Civil Rights Activity | | |

Other (Specify) _____

Type of Action (check appropriate box(es):

- | | | |
|--|---|---|
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Discharge/Termination | <input type="checkbox"/> Reasonable Accommodation |
| <input type="checkbox"/> Failure to Hire | <input type="checkbox"/> Forced Resignation | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Non-Promotion | <input type="checkbox"/> Reduction-in-Force (RIF) | <input type="checkbox"/> Non-Sexual Harassment |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Equal Pay | |

Other (Specify) _____

Date(s) of Occurrence

Please describe the incident that occurred in detail. Include all relevant information including name(s) of individual(s) involved, witness(es), state or federal law allegedly violated, etc. Use additional sheets to explain the issue(s) if necessary.

What resolution are you seeking?

Employee Signature _____ Date _____