



Prohibited Discrimination and/or Harassment Complaint Form

Complete this form to report a complaint of prohibited discrimination and/or harassment and return the form to the Affirmative Action & Equal Opportunity Department (AAEO)(See address on page 2)

PLEASE PRINT OR TYPE – ATTACH EXTRA SHEETS IF NECESSARY

1. Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Personal Email: _____ Work Email: _____
 Employee ID # _____ Job Title: _____
 Manager/Supervisor: _____ Department: _____
 Shift Hours: _____ Days Off (please indicate); M T W Th F Sa Su Rotating

2. Identify the Respondent(s) and/or Department you allege discriminated against you.
 Name of Respondent: _____ Respondent Job Title: _____

3. Indicate the basis for the alleged prohibited discrimination and/or harassment:

<input type="checkbox"/> Age	<input type="checkbox"/> Race/Color
<input type="checkbox"/> Disability	<input type="checkbox"/> Religion
<input type="checkbox"/> Family Medical Leave Act and/or Oregon Family Leave Act (use of)	<input type="checkbox"/> Retaliation (based on protected activity)
<input type="checkbox"/> Gender	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Military/Reserve Status	<input type="checkbox"/> Veteran's Status
<input type="checkbox"/> National Origin	<input type="checkbox"/> Whistleblower
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Worker's Compensation System (use of)
	<input type="checkbox"/> Other _____

NOTE: If referral is appropriate, your complaint may be directed to OHSU's Human Resources Department, OHSU's Integrity Office, or to your union (if you are a represented employee).

4. Briefly explain the discrimination and/or harassment you believe happened: (use supplemental sheet(s) if necessary) :

a. On what date(s) did the alleged discriminatory act(s) occur? _____

b. Explain the incident that occurred: _____

c. Is this is a reoccurring problem? _____ If yes, please explain? _____

D. Why do you think this was discrimination or retaliation? _____

E. List the name and position/title of person(s) who witnessed the conduct or incident:

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____

5. Did anyone in the department give an explanation for the alleged discriminatory conduct?

6. Have you attempted to resolve your complaint? If so, with whom? What is the status of the complaint?

7. What would you like to see happen (for you, or others) with respect to the alleged incident(s) of prohibited harassment or discrimination? _____

8. Please include any documentation that you believe is relevant to your complaint.

Complainant's Signature: _____ Date: _____

Deliver, mail, or fax this form to:

Affirmative Action & Equal Opportunity Department
Oregon Health & Science University
Mail code: MP240
3181 S.W. Sam Jackson Park Road
Portland, OR 97239
Phone (503) 494-5148
Fax (503) 494-8810