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: __________________
   
   Preferred method of contact: ___________ Best time of day to contact: __________
   
   Employee ID # (if applicable): ___________ Job Title: __________________
   
   Manager/Supervisor (if applicable): __________________
   
   Department/School/Academic Program, if student: __________________
   
   Shift Hours: _____________ Days Off (please circle): M T W Th F Sa Su Rotating Variable
   
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:
   
   □ Age □ Race/Color
   
   □ Disability □ Religion
   
   □ Family Medical Leave Act and/or Retaliation (based on protected activity)
     Oregon Family Leave Act (use of)
   
   □ Sexual Harassment □ Sexual Orientation
   
   □ Marital Status □ Veteran’s Status
   
   □ Military/Reserve Status □ Whistleblower
   
   □ National Origin □ Worker’s Compensation System (use of)
   
   □ Pregnancy □ Other __________________________
   
   NOTE: If referral is appropriate, your complaint may be directed to the Human Resources Department, the Integrity Department, to your union (if you are a classified employee) or other appropriate OHSU department.
   
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 a reoccurring problem? _______________ If yes, please explain? _______________
      
      ________________________________________________________________
      
      ________________________________________________________________
      
      ________________________________________________________________
      
      ________________________________________________________________

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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(s):

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
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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 and how? What is the status?

   __________________________________________
   __________________________________________
   __________________________________________

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.

9. Are you interested in learning about informal resolution options? _______ YES _______ NO

Your Signature: ____________________________ Date: __________

Email to: aaeo@ohsu.edu, or 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) 346-8037