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 Varies

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
☐ Sex/Gender ☐ 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? ________________

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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<th>Name</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