



# 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:

<b>Name</b>	<b>Position</b>
_____	_____
_____	_____
_____	_____
_____	_____

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