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 Oregon Family Leave Act (use of)
   ☐ Retaliation (based on protected activity)
   ☐ Sex/Gender ☐ Sexual Harassment
   ☐ Marital Status ☐ Sexual Orientation
   ☐ Military/Reserve Status ☐ Veteran’s Status
   ☐ National Origin ☐ Whistleblower
   ☐ Pregnancy ☐ Worker’s Compensation System (use of)
   ☐ 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