



## AAEO Prohibited Conduct Complaint Form (Discrimination/ Harassment/ Retaliation/ Sexual Misconduct)

Complete this form and return it to the Affirmative Action & Equal Opportunity Department (AAEO)

PLEASE PRINT OR TYPE- ATTACH EXTRA SHEETS IF NECESSARY

1. Name: \_\_\_\_\_

Your pronouns: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Best time of day to contact: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Manager/Supervisor (if applicable): \_\_\_\_\_

Department/School/Academic Program, if student: \_\_\_\_\_

Shift Hours:

Days Off: Mon Tues Wed Thurs Fri Sat Sun Rotating Variable

2. Identify the individual(s) and/or Department that you allege engaged in prohibited conduct:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

3. Indicate the basis for your complaint (prohibited discrimination/harassment/retaliation/sexual misconduct):

Age	Sexual Misconduct
Disability (includes accommodations)	Religion (includes accommodations)
Race/Color	Retaliation (based on protected activity)
Medical/Sick Leave (use of)	Sexual Harassment
Sex/Gender	Sexual Orientation
Marital Status	Harassment and/or bullying (based on protected class)
Military/Reserve/Veteran Status	Whistleblower
National Origin/ Ethnicity	Worker's Compensation System (use of)
Pregnancy	Other: _____

**Note:** If referral is appropriate, your complaint may be directed to the Human Resource Department, the Integrity Department, to your Union (if you are a classified employee) or other appropriate OHSU department.

4. Briefly explain the prohibited conduct you believe happened (use supplemental sheet(s), if necessary):

- a. On what date(s) did the alleged incident(s) occur?
- b. Explain the incident(s) that occurred:

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

d. Name potential witnesses:

5. Was any explanation given for this conduct? (If yes, please explain):

6. Have you attempted to resolve the concern?

7. What resolution would you like to see for yourself and others?

8. Are you interested in learning about informal resolution options?

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

Signature of person filing complaint:

Name:

Date:

Submit your form to the OHSU Affirmative Action and Equal Opportunity Department (AAEO) via email, confidential fax, or U.S. Mail. Please call AAEO with questions: 503-494-**5148**.

**Email:** [aaeo@ohsu.edu](mailto:aaeo@ohsu.edu)

**Fax:** 503-346-8037

**U.S. Mail:** AAEO

Oregon Health & Science University  
Mail code: PP244B  
3181 SW Sam Jackson Park Road  
Portland, OR 97239