

STATE OF NEVADA

Sex- or Gender-Based Harassment, Sexual Harassment or Discrimination Complaint Form

Sex- or Gender-Based harassment, sexual harassment and discrimination based on race (including, but not limited to, hair texture and protective hairstyles), color, national origin, religion, sex, age, disability, pregnancy, sexual orientation, gender identity or genetic information in any term, condition or privilege of employment are violations of State and federal law.

(This form may be completed by the complainant or person receiving the complaint)

Date of Complaint:

For more efficient processing, submit this complaint online in the NEATS system.

Please answer the questions completely and use as many additional sheets as necessary.

If you do not use the NEATS online system, then submit this completed form to your agency coordinator or the Division of Human Resource Management's Sex-or Gender-Based Harassment/Discrimination Unit (SGHIU) at 100 North Stewart Street, Suite 200, Carson City, Nevada 89701-4204, or fax to (775) 684-0124.

Complainant Name:	Title:
Immediate Supervisor:	Department:
Division:	Section/Unit:
Work Location:	Work Phone:
Home Address:	Home Phone:

1. Type of Complaint:

Check the type of discrimination or harassment that relates to this complaint:

Sexual Harassment	<input type="checkbox"/>	Sex Discrimination	<input type="checkbox"/>	Racial Discrimination	<input type="checkbox"/>
Age Discrimination	<input type="checkbox"/>	Religious Discrimination	<input type="checkbox"/>	National Origin Discrimination	<input type="checkbox"/>
Disability Discrimination	<input type="checkbox"/>	Pregnancy Discrimination	<input type="checkbox"/>	Color Discrimination	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Genetic Information	<input type="checkbox"/>
Sex Based Harassment	<input type="checkbox"/>	Gender Based Harassment	<input type="checkbox"/>		

***Hostile Work Environment** ☐ ***Hostile Work Environment and Retaliation MUST be based**
***Retaliation** ☐ **on one of the protected groups listed above. Check if applies**

If you make a complaint of sex- or gender-based harassment, sexual harassment / discrimination it will be input into the online complaint system. Please initial _____

2. Who or what do you believe was responsible for the alleged sex- or gender-based harassment, sexual harassment, or discrimination incident(s)?

3. Accused Name

4. Title

5. Relationship to the Complainant (i.e. supervisor, co-worker, subordinate, etc.)

6. Department

7. Division

8. Section/Unit

9. Work Location

10. Work Phone

11. Home Phone (or other)

12. Describe the alleged sex- or gender-based harassment, sexual harassment or discrimination incident(s). Please specify location(s), date(s) and time(s) of each occurrence. Use as much detail as possible. Attach additional sheets, if necessary.

13. Did you inform the alleged offender(s) their behavior was unacceptable?

☐ YES ☐ NO

If yes, please describe.

14. Were there any witnesses to the alleged sex- or gender-based harassment, sexual harassment or discrimination incident(s)?

☐ YES ☐ NO

If yes, please provide the name(s), address(es), and phone number(s).

15. Have you reported this incident to anyone else?

☐ YES ☐ NO

If yes, please provide the name(s), address(es), and phone number(s).

16. What remedy are you seeking?

NOTE: Please attach any supporting documentation to this form.

I, _____ certify this statement is true and factual.
(complainant name)

Complainant Signature

Date

Note: Complaints of sex- or gender-based harassment, sexual harassment and discrimination may also be filed with:

Nevada Equal Rights Commission
(for Northern Nevada cases)
1325 Corporate Blvd., Room 115
Reno, NV 89502
775-823-6690
Fax: 775-688-1292
www.nvdetr.org/nerc.htm

Nevada Equal Rights Commission
(for Southern Nevada cases)
1820 E. Sahara Ave., Suite 314
Las Vegas, NV 89104
702-486-7161
Fax: 702-486-7054
www.nvdetr.org/nerc.htm

Equal Employment Opportunity Commission
(800) 669-4000

San Francisco District Office
(for Northern Nevada cases)
450 Golden Gate Ave., 5 West
P.O. Box 36025
San Francisco, CA 94102-3661
1-800-669-4000
Fax: 415-522-3415
TTY: 510-735-8909
www.eeoc.gov

Las Vegas Local Field Office
(for Southern Nevada cases)
333 Las Vegas Blvd. South, Suite 5560
Las Vegas, NV 89101
1-800-669-4000
Fax: 702-388-5094
TTY: 1-800-669-6820
www.eeoc.gov

INTAKE SECTION (Completed by agency coordinator or other person receiving the complaint)

17. When an employee designates any person to appear as their representative, the employee must be asked whether they are a member of the employee organization recognized as the exclusive representative for the bargaining unit to which they belong. This employee will:

- ☐ Represent themselves
☐ Designate the following representative to act on their behalf during the course of this complaint process:

Name: _____ Phone: _____
Address: _____ Fax: _____
Bargaining Unit/Union: _____ Email: _____

18. Comments

19. Has the complainant been asked to file this complaint online in NEATS?

☐ Yes ☐ No If not, please explain.

20. Name and phone number of person(s) completing this form.

21. Date and time when form is sent to SGHI unit.

ORIGINAL TO INVESTIGATOR