

STATE OF NEVADA**Sexual Harassment or Discrimination Complaint Form**

Sexual harassment and discrimination based on race, 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 Sexual Harassment/Discrimination Unit 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"/>

*Hostile Work Environment

*Retaliation

*Hostile Work Environment and Retaliation must be based on one of the protected groups listed above. Check if appropriate.

If you make a complaint of sexual harassment/ discrimination it will be investigated. Please initial _____

2. Who or what do you believe was responsible for the alleged 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 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 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 sexual harassment and discrimination may also be filed with:	
Nevada Equal Rights Commission 1675 East Prater Way, Suite 103 Sparks, NV 89434 (775) 823-6690	Nevada Equal Rights Commission 555 E. Washington Ave., Suite 4000 Las Vegas, NV 89101 (702) 486-7161
Equal Employment Opportunity Commission (800) 669-4000	
Northern Nevada Counties 350 The Embarcadero, Suite 500 San Francisco, CA 94105-1260 (415) 625-5600	Southern Nevada Counties 333 Las Vegas Blvd., Suite 8112 Las Vegas, NV 89101 (702) 388-5099

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

17. Comments	
18. Has the complainant been asked to file this complaint online in NEATS? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain.	
19. Name and phone number of person completing this form.	20. Date and time when form is sent to investigative unit.

ORIGINAL TO INVESTIGATOR