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
- Age Discrimination
- Disability Discrimination
- Sexual Orientation
- Sex Discrimination
- Religious Discrimination
- Pregnancy Discrimination
- Gender Identity
- Racial Discrimination
- National Origin Discrimination
- Color Discrimination
- Genetic Information

*Hostile Work Environment
*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)?

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<th>3. Accused Name</th>
<th>4. Title</th>
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<th>5. Relationship to the Complainant (i.e. supervisor, co-worker, subordinate, etc.)</th>
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<th>6. Department</th>
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<th>8. Section/Unit</th>
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<tr>
<th>9. Work Location</th>
<th>10. Work Phone</th>
<th>11. Home Phone (or other)</th>
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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 ___________________________

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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

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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?
   □ Yes  □ 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