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20 U.S.C. § 1703  
29 U.S.C. § 794  
38 U.S.C. § 4211  
42 U.S.C. § 2000  
42 U.S.C. § 12101

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EQUAL EMPLOYMENT OPPORTUNITY

Complaint Form

**To be completed by the complaining employee (“complainant”)**

Complainant name (please print): \_\_\_\_\_

Alleged harasser's name (please print): \_\_\_\_\_

Do you believe you have been harassed or discriminated against based on your **race, color, religion, gender, age, national origin, genetic information, sexual orientation, gender identity/expression, disability, or veteran status?**

**If yes**, which of the above personal characteristics do you believe is the basis for the harassment or discrimination?

\_\_\_\_\_

**If no**, what is the basis of your complaint? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe in detail the actions and/or events the lead to this complaint:

Who was involved? \_\_\_\_\_

Who witnessed the event(s)? \_\_\_\_\_

Where did the event take place? \_\_\_\_\_

What date(s) and time(s) did the action take place? \_\_\_\_\_

What was said or done? By whom? \_\_\_\_\_

\_\_\_\_\_

Has anything similar happened previously? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

How has this action and/or event affected you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you like to have this complaint resolved? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any additional information that might be helpful in investigating this matter. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complainant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_