



# City of Rocklin

## Harassment/Discrimination Complaint Form

Please Print Clearly

### SECTION I

Employee's Name (Complainant)	
Position / Title	
Department	
Division	
Address	
Work Phone	
Home Phone/Cell Phone	

### SECTION II

Basis of alleged harassment/discrimination:

- |   |  |
|---|--|
| <input type="checkbox"/> Age                            | <input type="checkbox"/> National Origin   |
| <input type="checkbox"/> Ethnicity                      | <input type="checkbox"/> Verbal and/or Physical  |
| <input type="checkbox"/> Disability (Physical / Mental) | <input type="checkbox"/> Sexual  |
| <input type="checkbox"/> Marital Status                 | <input type="checkbox"/> Other: (Ancestry / Medical Condition /<br>Political Affiliation or Beliefs /<br>Pregnancy / Religion / Sexual<br>Orientation) |

**SECTION III**

Please list the accused by name and title.

Name	Title	Department	Division

**SECTION IV**

- ***Please list date(s) and location(s)*** of alleged discriminatory or harassing treatment.
- List each incident separately.
- Also, describe the specific ***act(s)*** or ***omission(s)***, which is alleged to be discriminatory or harassing as ***clearly*** and ***completely*** as possible.

Date	Location

Description of Discriminatory or Harassing Treatment

**SECTION IV (CONTINUED)**

- ***Please list date(s)*** and ***location(s)*** of alleged discriminatory or harassing treatment.
- List each incident separately.
- Also, describe the specific ***act(s)*** or ***omission(s)***, which is alleged to be discriminatory or harassing as ***clearly*** and ***completely*** as possible.

Date	Location

Description of Discriminatory or Harassing Treatment

- ***Please list date(s)*** and ***location(s)*** of alleged discriminatory or harassing treatment.
- List each incident separately.
- Also, describe the specific ***act(s)*** or ***omission(s)***, which is alleged to be discriminatory or harassing as ***clearly*** and ***completely*** as possible.

Date	Location

Description of Discriminatory or Harassing Treatment

**SECTION V**

Relief or corrective action sought by the employee (complainant).

Relief or Corrective Action Sought

**SECTION VI**

Information known to the employee (complainant) in support of the allegation(s):

<b>Additional Information to Support Allegations</b>

**SECTION VII**

Identity of whom the employee (complainant) wishes to have interviewed as a possible witness:

<b>List of Potential Witnesses</b>

**SECTION VIII**

Other comments:

Additional Comments

I declare that to the best of my knowledge, the information provided in this complaint is true and correct:

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

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

City of Rocklin  
Human Resources Division  
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(916) 625-5050  
[human.resources@rocklin.ca.us](mailto:human.resources@rocklin.ca.us)