



**HUMAN RESOURCES
& DEVELOPMENT**
TULARE COUNTY

Harassment & Discrimination Complaint Form

Date: _____

Employee Information

Full Name: _____
Last *First* *M.I.*

Job Title: _____ Department: _____

Phone Number: _____ Supervisor: _____

Date of Incident: _____ Location of Incident: _____

Type of Allegation: Discrimination Harassment Retaliation Other

Name of Subject: _____ Job Title of Subject: _____

Description of Occurrence:

Please fill free to attach additional pages and documentation if needed

Personnel Rule(s) Violated: _____

Action Requested by Employee: _____

Next Steps – to be completed by Employee-Employer Relations Staff

EERS Assigned: _____ Resolved during initial Meeting: _____

Follow up required: _____

Immediate action taken pending investigation: _____

Referred matter to Department for resolution: _____

Referred to Investigation: _____