



Complaint Form

COMPLAINANT INFORMATION

NAME:

DIVISION / UNIT:

OFFICE LOCATION:

WORK PHONE:

IMMEDIATE SUPERVISOR:

Please describe the conduct that you believe violates the Discrimination, Harassment or Retaliation Prevention Policy. In your narrative, describe: (1) What happened to you; (2) Why you believe you are being discriminated, harassed, or retaliated against, including the reason or evidence you have to support your belief, and; (3) When the acts of discrimination, harassment, or retaliation occur (attach additional pages if needed). If you require assistance with completing this form as a reasonable accommodation, please contact the EEO officer.

PERSON(S) ALLEGED TO HAVE VIOLATED THE POLICY

Person #1 - Name: Position: Work Location:

Person #2 - Name: Position: Work Location:

Person #3 - Name: Position: Work Location:

PERSON(S) WITH INFORMATION/KNOWLEDGE OF THE ALLEGED INCIDENTS

Witness Name: Position: Work Location:

Witness Name: Position: Work Location:

Witness Name: Position: Work Location:

HAVE YOU COMPLAINED TO ANYONE AT NAME OF ORGANIZATION ABOUT THIS MATTER?

If yes, explain the situation. When did you complain, to whom, and what was the result?

Please submit to HR Manager at hr@programproductions.com or fax it directly to (630) 792-9900.