



Prohibited Discrimination and/or Harassment Complaint Form

Complete this form to report a complaint of prohibited discrimination and/or harassment and return the form to the Affirmative Action & Equal Opportunity Department (AAEO; see address on page 2)

PLEASE PRINT OR TYPE – ATTACH EXTRA SHEETS IF NECESSARY

1. Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Personal Email: _____ Work Email: _____

Preferred method of contact: _____ Best time of day to contact: _____

Employee ID # (if applicable): _____ Job Title: _____

Manager/Supervisor (if applicable): _____

Department/School/Academic Program, if student: _____

Shift Hours: _____ Days Off (please circle): M T W Th F Sa Su Rotating Varies

2. Identify the Respondent(s) and/or Department you allege discriminated against you.

Name of Respondent: _____ Respondent Job Title: _____

3. Indicate the basis for the alleged prohibited discrimination and/or harassment:

- | | |
|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Race/Color |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Family Medical Leave Act and/or Oregon Family Leave Act (use of) | <input type="checkbox"/> Retaliation (based on protected activity) |
| <input type="checkbox"/> Sex/Gender | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Military/Reserve Status | <input type="checkbox"/> Veteran's Status |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Whistleblower |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Worker's Compensation System (use of) |
| | <input type="checkbox"/> Other _____ |

NOTE: If referral is appropriate, your complaint may be directed to the Human Resources Department, the Integrity Department, to your union (if you are a classified employee) or other appropriate OHSU department.

4. Briefly explain the discrimination and/or harassment you believe happened: (use supplemental sheet(s) if necessary):

a. On what date(s) did the alleged discriminatory act(s) occur? _____

b. Explain the incident that occurred: _____

C. Is this a reoccurring problem? _____ If yes, please explain? _____

D. Why do you think this was discrimination or retaliation? _____

E. List the name and position/title of person(s) who witnessed the conduct or incident(s):

Name

Position

5. Did anyone in the department give an explanation for the alleged discriminatory conduct?

6. Have you attempted to resolve your complaint? If so, with whom and how? What is the status?

7. What would you like to see happen (for you, or others) with respect to the alleged incident(s) of prohibited harassment or discrimination? _____

8. Please include any documentation that you believe is relevant to your complaint.

9. Are you interested in learning about informal resolution options? _____ YES _____ NO

Your Signature: _____ Date: _____

Email to: aaeo@ohsu.edu, or deliver, mail, or fax this form to:

Affirmative Action & Equal Opportunity Department

Oregon Health & Science University

Mail code: MP240

3181 S.W. Sam Jackson Park Road | Portland, OR 97239

Phone (503) 494-5148 | Fax (503) 346-8037