



CATHOLIC DIOCESE OF SAGINAW

DISCRIMINATION/HARASSMENT COMPLAINT FORM

Employee's Name: \_\_\_\_\_

Department/Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Type of alleged discrimination:  Gender  Race  Age  Religion  Disability  Other

Describe the alleged incident in detail, including the date upon which the incident occurred; the name of the individual who committed the act of discrimination and/or harassment; the approximate time when the incident occurred, the acts which you believe constituted unlawful discrimination and/or harassment, including any verbal acts; your response or reaction; and any other details which will assist the Company in its investigation of this incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list witnesses or others who may have information regarding this matter:

\_\_\_\_\_  
\_\_\_\_\_

Have you reported this incident to your supervisor?  Yes  No

Have you been subjected to similar acts of harassment and/or discrimination by the same individual(s) in the past?  Yes  No

If so, did you report the prior incidents?  Yes  No

If you did **not** file a report, please describe the prior incident(s) including the specific details as set forth above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Reporting Employee

Date Received: \_\_\_\_\_