Arizona House of Representatives
FORMAL HARASSMENT COMPLAINT FORM

Employee instructions: Please provide all information and retain a copy for your records. TYPE or PRINT LEGIBLY. Information concerning the complaint process is provided in the Arizona House of Representatives Policy on Workplace Harassment. Complaints may be submitted using this form or by alternative means to any of the following: Majority or Minority Chief of Staff; General Counsel of the Majority or Minority Staff; The Rules Attorneys; Chief Clerk; or your staff Director or Supervisor.

Name: ___________________________ Division: ___________________________

EIN: ___________________________ Work Phone: ___________________________

Job Title: ___________________________ Supervisor's Name: ___________________________

Complaint of alleged harassment/discrimination based on (check appropriate box(es):

☐ Race ☐ Color ☐ Sex
☐ Age ☐ Religion ☐ Pregnancy
☐ Disability ☐ Genetic Information ☐ National Origin
☐ Retaliation for Prior Civil Rights Activity

☐ Other (Specify) ___________________________

Type of Action (check appropriate box(es):

☐ Demotion ☐ Discharge/Termination ☐ Reasonable Accommodation
☐ Failure to Hire ☐ Forced Resignation ☐ Sexual Harassment
☐ Non-Promotion ☐ Reduction-in-Force (RIF) ☐ Non-Sexual Harassment
☐ Discipline ☐ Equal Pay

☐ Other (Specify) ___________________________

Date(s) of Occurrence

Please describe the incident that occurred in detail. Include all relevant information including name(s) of individual(s) involved, witness(es), state or federal law allegedly violated, etc. Use additional sheets to explain the issue(s) if necessary.

What resolution are you seeking?

Employee Signature ___________________________ Date ___________________________