

Notice of Harassment/ Discrimination Complaint

Staff Member Name _____

Position _____

Team _____

Campus _____

Supervisor _____

Date of Complaint _____

If you believe that you have been unlawfully harassed/discriminated against, please fill out this form and return it to the Human Resources office. If more space is necessary, please continue your comments on the back of this form.

Basis of Discrimination

Sex (Gender) Race Color Retaliation Age Religion Creed

National Origin Disability Sexual Orientation

Marital or Veteran Status or any other legally protected classification.

Individual(s) who allegedly committed harassment/discrimination:

a _____

b _____

c _____

1. Describe the nature of your complaint. Include dates and as much detail as possible.

2. Why do you believe this action was taken against you?

3. Identify all employees, students, or others with knowledge of the conduct you are reporting.

4. Did employees, students, or others listed on the previous page personally observe or overhear the alleged conduct? If yes, please indicate the dates of observed/overheard behavior.

5. Are there documents or emails which contain information supporting the occurrences described above? If so, please forward any related documents or emails to matt@gracecityfl.com.

6. Is there any physical evidence that supports your report? If so, please describe or attach a copy.

7. Have you missed any work time or class time as a result of the alleged harassment/discrimination? If yes, please indicate dates of absences.

8. Have you received any counseling or received medical treatment as a result of this alleged harassment? If yes, indicate dates of counseling/treatment.

9. Have you previously reported this or related acts of sexual harassment or discrimination to a Church supervisor or official? If so, please identify the individual to whom you reported, the date of the complaint, and the resolution of your complaint.

10. What is your requested remedy to this complaint?

11. Are there any other individuals you want the Church to contact regarding your complaint? If so, who do you wish contacted and why?

Acknowledgment

To investigate your complaint, it will be necessary to interview you, the alleged harasser(s), and any witnesses with knowledge of the allegations or defenses. The Church will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action, up to and including termination of employment.

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the Church deems relevant.

Signature**Date**

Human Resources Office Use Only

Date of Alleged Violation _____

Person Filing Charge _____

Place of Alleged Violation _____

Employment Discrimination Under:

___ Title VII of the Civil Rights Act of 1964

___ Age Discrimination in Employment Act of 1967 (ADEA)

Basis of Discrimination

___ Sex (Gender) ___ Race ___ Color ___ Retaliation ___ Age ___ Religion ___ Creed

___ National Origin ___ Disability ___ Sexual Orientation ___ Marital or Veteran Status or
any other legally protected classification.

Circumstances of Alleged Violation:

Date _____

Printed Name of Authorized Church Official _____

Signature of Authorized Church Official _____