

STATE OF NEVADA



Sexual Harassment or Discrimination Complaint

Sexual harassment and discrimination based on race, color, national origin, pregnancy, religion, sex, age, disability, or sexual orientation in any term, condition or privilege of employment are violations of State and federal law.

Date of Complaint:

Note: you can file your complaint online in the NEATS system.

Please answer as completely as possible the following questions. Use as many additional sheets as necessary.

Submit completed form to your agency coordinator or the Department of Personnel's Sexual Harassment/Discrimination Unit at 209 East Musser Street, Room 101, Carson City, Nevada 89701-4204, or fax to (775) 684-0124.

Complainant Name:	Title:
Immediate Supervisor:	Department:
Division:	Section/Unit:
Work Location:	Work Phone:
Home Address:	Home Phone:

1. PLEASE NOTE:

If you make a complaint of sexual harassment or discrimination, it will be investigated. Please check which type of sexual harassment or discrimination you are alleging:

Sexual Harassment <input type="checkbox"/>	Sex Discrimination <input type="checkbox"/>	Racial Discrimination <input type="checkbox"/>
Age Discrimination <input type="checkbox"/>	Religious Discrimination <input type="checkbox"/>	National Origin Discrimination <input type="checkbox"/>
Disability Discrimination <input type="checkbox"/>	Pregnancy Discrimination <input type="checkbox"/>	Color Discrimination <input type="checkbox"/>
Sexual Orientation <input type="checkbox"/>		

*Hostile Work Environment *Hostile Work Environment and Retaliation must be based
 *Retaliation on one of the protected groups listed above. Check if appropriate.

Please initial _____

2. Describe the alleged sexual harassment or discrimination incident(s). Please specify location(s), date(s) and time(s) of each occurrence. Please be as detailed as possible and attach additional sheets if necessary.

3. Who or what do you believe was responsible for the alleged sexual harassment or discrimination incident (s)?

4. Were there any witnesses to the alleged sexual harassment or discrimination incident(s)?

YES **NO**

If yes, please provide the name(s), address(es), and phone number(s).

5. Provide the name, address and phone number of those who may have important information regarding the alleged incident(s).

6. If appropriate, did you inform the alleged offender(s) their behavior was unacceptable?

YES NO

If yes, please describe.

7. Have you reported this incident to anyone else?

YES NO

If yes, please provide the name(s), address(es), and phone number(s).

8. What is the remedy you are seeking?

NOTE: Please attach to this form any supporting documentation related to your complaint.

I, _____ certify the above statements
(print name)

to be true and factual to the best of my knowledge.

SIGNATURE

DATED

Note: Complaints of sexual harassment and discrimination may also be filed with:

Nevada Equal Rights Commission
2450 Wronde Way, Suite C
Reno, NV 89502
(775) 688-1288

Nevada Equal Rights Commission
555 E. Washington Ave., Suite 4000
Las Vegas, NV 89101
(702) 486-7161

Equal Employment Opportunity Commission
(800) 669-4000

Northern Nevada Counties
350 The Embarcadero, Suite 500
San Francisco, CA 94105-1260
(415) 625-5600

Southern Nevada Counties
333 Las Vegas Blvd., Suite 8112
Las Vegas, NV 89101
(702) 388-5099