



Discrimination-Harassment-Retaliation Complaint Form

Complainant

Name:

Email Address:

Department/Title:

Phone #:

Supervisor's Name:

Work Location:

Respondent(s) (Who you believe has/have harassed you or discriminated against you)

Name:

Name:

Department/Title:

Department/Title:

Work Location:

Work Location:

Email Address:

Email Address:

Phone #:

Phone #:

Discriminatory Harassment Factors:

I feel I was discriminated against on the basis of the following: (Check all that apply)

Age

Gender

Genetic

Height

Workplace

Disagreement

Color

Weight

Information

National Origin

Other (Please

Disability

Marital

Sex

Religion

Specify):

Race

Status

Sexual Orientation

Pregnancy

Date(s) incident(s) occurred: _____

Location of incident(s): _____

Please describe the specific incident(s) that occurred in support of your complaint (Attach additional documentation if necessary):

How did you react to the incident(s)? What actions, if any, did you take to address the perceived inappropriate behavior?

Did you report your complaint(s) to anyone in your department? If so, who and when? Also describe the response you received, if any.

Is there any physical evidence that supports your complaint – i.e. documents/emails? Please describe and attach a copy of such evidence.

Please list the names, phone numbers and email addresses of any witnesses to the incident.

What is your desired outcome of the investigation?

Retaliation

Retaliation against anyone making a complaint, acting as a witness, or participation in the investigation is a violation of law and Wayne County policy, and is strictly prohibited. Retaliation complaints shall be investigated as a separate charge and persons found in violation may be subjected to discipline up to and including discharge.

Based on the above statement, I believe I have been retaliated against: YES_____ or NO _____
If YES, include specific incidents and related dates of retaliatory conduct. Also identify any and all witnesses to such incidents below. (Additional pages may be attached if necessary).

Wayne County EEO Statement

Wayne County prohibits discrimination against, or harassment of any person employed or seeking employment with the County based on race, color, national origin, religion, sex, partisan considerations, gender identity, pregnancy, disability, genetic information (including family medical history), marital status, age, sexual orientation, height and weight. Employees, and applicants for employment who believe they may have been discriminated, harassed, or retaliated against are encouraged to bring their concerns to the Wayne County EEO Section of the PHR Department.

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 is relevant.

Signature of Complainant:**Today's Date:**

PHR DEPARTMENT- EEO SECTION USE ONLY**Complaint Investigation:**

☐ Substantiated ☐ Not Substantiated ☐ Referred for Informal Resolution Process

General Instructions

This form may be downloaded from the Intranet and must be completed by employees who wish to file an internal complaint of potential violations of the federal Civil Rights Act of 1964, the Michigan Civil Rights Act of 1976 or Wayne County's Discriminatory Harassment Policy (along with other laws supporting non-discrimination in the workplace). All complaints are handled in the Wayne County EEO Section of the Personnel/Human Resources Department. The information contained in this form will be kept confidential to the extent allowed by law, and as is practical to conduct a complete and thorough investigation. Consistent with the timeline imposed by federal and state administrative agencies, complaints of possible violations must be made to EEO within 180 calendar days of the alleged discrimination, harassment or retaliation.

Investigative Process

A thorough investigation shall be conducted on all legitimate complaints of harassment or other forms of discrimination. Investigators will determine whether a full-scale investigation is warranted based on the facts and relevant laws. Investigators may offer an alternative approach to resolving the complaint if both the complainant and respondent(s) agree. An informal resolution process may be used if agreed upon by all parties.

Investigators will process and complete investigations within 30 days after receiving the complaint to the extent possible. Should additional time be needed to complete the investigation, all parties will be notified of the extended timeline.

All complaints should be forwarded to:

Cody Bivins, EEO Analyst
Department of Personnel/Human Resources
Wayne County
Guardian Building
500 Griswold, 9th Floor
Detroit, MI 48226
Office: 313-224-2398
Email: cbivins@waynecounty.com

Wayne County EEO Section - Diversity, Equity and Inclusion Statement

Wayne County is committed to achieving outstanding connectivity, innovation, efficiency, attractiveness, and retention by implementing the most effective and fair policies and procedures for diversity, inclusion, and community participation. We recognize that respect and a sense of belonging are important parts of each of our 43 communities and of our organization. We have made it our goal to promote diversity, equity, inclusion, and accessibility because we want to be successful in everything we do.