

# City of Richmond Harassment/Discrimination Complaint Form

**Please Print**

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

Please check the appropriate box.

I am filing this complaint as:

Victim

Witness to incident

Supervisor with knowledge of incident

City employee:

Yes

No

If Yes:

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

If No:

Mailing address: \_\_\_\_\_

Street or P.O. Box, City and Zip Code

Residential Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Nature of the complaint: Please include description of the incident, date, location, involved parties, basis for discrimination (protected status) and other details (attach additional pages if needed).

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Name(s) of the alleged harasser(s): \_\_\_\_\_

Alleged harasser(s) Department(s): \_\_\_\_\_

If harasser(s) is not a City of Richmond employee, name of employer: \_\_\_\_\_

If person filing is NOT the victim, please complete:

Name of alleged victim: \_\_\_\_\_

Person's Department/Title: \_\_\_\_\_

If victim is not a City of Richmond employee, name of employer: \_\_\_\_\_

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# City of Richmond

## Harassment/Discrimination Complaint Form

Witnesses:

NAME

CONTACT PHONE NUMBER


Harm suffered: Please include details on whether job status was impacted (loss or denial of job, position, promotion, leave, status, training or other benefit) or other harm suffered (assault, battery, humiliation, harassment, sexual harassment or other). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested remedy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complainant will be contacted within three (3) days by a City of Richmond employee.

I am aware that the City of Richmond maintains a NO TOLERANCE policy regarding harassment based on a protected trait or retaliation against any employee or City contractor. The City strictly prohibits retaliation against any applicant, employee or contractor who complains of harassment or discrimination or participates in any manner in an investigation into workplace harassment. I am aware that whenever the City is made aware of a complaint or report of harassment, the City will conduct an immediate, thorough and objective investigation. Cooperation with such investigations is required of all employees. I am aware that I may file this charge with the Equal Employment Opportunity Commission (EEOC) or Department of Fair Employment and Housing (DFEH) or other applicable state and federal agencies. I am aware that these agencies each have statute of limitation requirements and it is my responsibility to comply with the rules, regulations and filing timelines of each agency. I will advise the City of Richmond's Human Resources Department if I change my address or telephone number and will cooperate fully with them in the processing of my complaint.

I declare all information provided is true and correct to the best of my knowledge and recollection.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

Employee Complainants may file this form with the Division Manager, Department Head, or the Human Resources Personnel Officer. Non-employee complainants may file this form with Compliance Officer c/o: City of Richmond Human Resources Personnel Officer at 450 Civic Center Plaza, Richmond, CA 94804.