



DISCRIMINATION OR HARASSMENT COMPLAINT FORM

The information you provide below is considered sensitive and will be shared only with those who are considered essential to the investigation and disposition of this complaint. Do not feel limited by the space provided—you are encouraged to attach additional pages if you believe it will assist in the investigation.

Your Name _____

Position _____

Department _____

Phone Number _____

Immediate Supervisor _____

- 1. Please describe as fully as possible the specific facts of the incident(s) that you are reporting.**

- 2. Please provide the name(s) and position(s) of those persons who engaged in the conduct that is the subject of your complaint.**

3. Please identify employees who are witnesses to the conduct or incident(s), which form the basis of your complaint.

4. Please indicate the date(s) and time(s) that the conduct or incident(s) occurred.

5. Where did the incident(s) occur?

6. Have you reported the incident(s) in question to anyone else? If so, please indicate the date of the report, and the person to whom you made the report.

7. If you have previously reported the incident(s) or conduct, please describe your understanding of whether any steps were taken to investigate your report, or any corrective action that was taken.

8. Are you looking for specific corrective action to be taken at this juncture? If so, please describe what action you are seeking.

Signature _____

Date _____

Horry County is an equal opportunity employer. It is Horry County Government's policy that all employees have a right to work in an environment free of discrimination and harassment based upon sex, age, race, color, national origin, religion, disability, or any other class, which is protected by law.

Horry County prohibits retaliation against any employee for complaining about discrimination or harassment.