



**State of Delaware  
Department of Human Resources**

**APPENDIX A**

**RESPECTFUL WORKPLACE AND ANTI-DISCRIMINATION COMPLAINT FORM**

<b>Policy #:</b> To be assigned.	<b>Authority:</b> 29 <u>Del. C.</u> Chapter 90D (as applicable); 19 <u>Del. C.</u> Chapters 711, 712, 716, 717 and 720 (as applicable); Merit Rule 2.1; Executive Order #30
<b>Effective Date:</b> August 12, 2019	<b>Supersedes:</b> June 24, 2019

**Directions**

1. If you believe you have been unlawfully harassed or discriminated against, based on **any of the protected classes below**, complete this form and return it to either your Agency Human Resources representative, Supervisor, Manager, Agency Equal Employment Opportunity Officer, or to the Employee Relations section of Delaware Department of Human Resources (DHR) at [Employee-Relations@Delaware.gov](mailto:Employee-Relations@Delaware.gov). If you have any questions about this form or the complaint process, call DHR Employee Relations at 1-866-462-8411.
2. Complaints are to be filed as soon as possible following the alleged incident.

**Complainant Information**

Today's Date: \_\_\_\_\_ Email: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employee ID No.: \_\_\_\_\_ Executive Branch Employee: Yes No

**Type of Complaint (check all that apply)**

Discrimination      Harassment      Sexual Harassment      Hostile Work Environment      Retaliation

**Protected Classes (check all that apply)**

Race      Color      National Origin      Gender      Age

Sex      Creed      Pregnancy      Marital Status      Family Responsibilities

Sexual Orientation      Disability      Veteran Status      Religion      Genetic Information

Gender Identity or Expression      Victim of Domestic Violence, Sexual Assault, and/or Stalking      Other \_\_\_\_\_

**Respondent Information (person(s) against whom the complaint is being filed)**

Respondent's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Complainant: \_\_\_\_\_ Email: \_\_\_\_\_  
(e.g.: manager, coworker, client, vendor)

<b>RESPECTFUL WORKPLACE AND ANTI-DISCRIMINATION COMPLAINT FORM</b>	<b>Policy #: To be assigned</b>
<b>Effective Date: August 1, 2019</b>	<b>Supersedes: June 24, 2019</b>

**Incident Information**

Date of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

1. Describe the events that occurred (be as specific as possible – Who? What? When? Where? How?):

2. How did you react to the situation? What response did you make when incident(s) occurred and afterwards? Did you notify management and/or Human Resources? If so, who did you notify and how?

3. Describe the harm you believe you suffered as a result of the incident:

4. Are there any documents or physical evidence supporting the incident(s)?      Yes      No  
 If yes, please submit as attachment(s).

5. What action or remedy are you seeking?

6. Names of witnesses or individuals who may have knowledge of the incident(s) and their contact information:

**\* Please attach additional pages if necessary.**

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<b>Effective Date: June 24, 2019</b>	<b>Supersedes: N/A</b>

**Other Filings**

1. Are you presently in a union-represented position?      Yes      No
2. Did you or your employer file a grievance or a lawsuit?      Yes      No  
 Merit Grievance      When? \_\_\_\_\_  
 Collective Bargaining Agreement      When? \_\_\_\_\_
3. Have you or your employer filed a complaint with the State Civil Service Commission?      Yes      No  
 If yes, when? \_\_\_\_\_
4. Have you or your employer filed a complaint with the Equal Employment Opportunity Commission?      Yes      No  
 If yes, when? \_\_\_\_\_
5. Have you or your employer filed a complaint with the National Labor Relations Board?      Yes      No      Don't Know

**Acknowledgment**

I/We acknowledge that I/We have read and understand the contents of this complaint form and the information provided herein. I/We understand that this form is to be used to file a complaint with the State Civil Service Commission and that I/We are responsible for providing accurate and complete information. I/We understand that this form does not constitute an admission of liability or a waiver of any rights or remedies. I/We understand that I/We are responsible for providing accurate and complete information. I/We understand that this form does not constitute an admission of liability or a waiver of any rights or remedies.

Signature of Complainant: \_\_\_\_\_  
 Signature of Employer: \_\_\_\_\_

**For DHR Use Only**

Received By: \_\_\_\_\_  
 Human Resources/  
 Labor Relations  
 Point-of-Contact: \_\_\_\_\_  
 Date: \_\_\_\_\_