

RESPECTFUL WORKPLACE AND ANTI-DISCRIMINATION COMPLAINT FORM - Statewide

DHR-Form #: To be assigned.

Authority: 29 Del. C. Chapter 90D (as applicable); 19 Del. C. Chapters 711, 712, 716, 717 and 720 (as applicable); Merit Rule 2.1; Executive Order #30

Effective Date: July 25, 2022

Supersedes: August 12, 2019

Part 1: 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 and Labor Relations(ELR) section of Delaware Department of Human Resources (DHR) at DHR-ELR@delaware.gov.
- 2) Complaints are to be filed as soon as possible following the alleged incident.

Part 2: Complainant Information

Today's Date: _____ Email: _____
 Employee Name: _____ Department: _____
 Employee Title: _____ Telephone: _____
 Employee ID No.: _____ Executive Branch Employee: Yes No

Part 3: Type of Complaint (check all that apply)

Discrimination Harassment Sexual Harassment Hostile Work Environment Retaliation

Part 4: 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 Protective Hairstyle
 Sexual Assault and/or Stalking Other: _____

Part 5: Respondent Information (persons(s) against whom the complaint is being filed)

Respondent's Name: _____ Title: _____
 Department: _____ Telephone: _____
 Relationship to Complainant: _____ Email: _____
 (e.g.: manager, coworker, client, vendor)

Part 6: Incident Information

Date of Incident: _____ Location of Incident: _____

1) Describe the events that occurred (be 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.

Part 7: Other Filings

- 1) Are you presently in a union-represented position? Yes No

- 2) Did you or are you filing a grievance on the issue of the complaint? Yes No
 If yes, what type?
 Merit Grievance When? _____
 Collective Bargaining Agreement When? _____

- 3) Has a discrimination charge been filed with the Department of Labor? Yes No

- 4) Has a discrimination charge been filed with the Equal Opportunity Commission? Yes No
 If yes, when? _____

- 5) Are there criminal charges associated with this complaint? Yes No Don't know

Part 8: Acknowledgment

I certify to the best of my knowledge the information that I provided is accurate and the events and circumstances are as I have described them. I am willing to cooperate fully in the investigation and provide whatever evidence DHR deems relevant. I further understand that making a complaint pursuant to State policy will not extend the time frames by which any person must file a formal complaint through the Merit Rules, the Delaware Department of Labor's Office of Anti-Discrimination, the Equal Employment Opportunity Commission, a Collective Bargaining Agreement, if applicable, or any court or regulatory body.

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

Print Name: _____ Date: _____

Signature: _____

Part 9: For DHR Use Only

Received By: _____ Date Received: _____

HR/Labor Relations
 Point-of-Contact: _____ Date Contacted: _____

Investigator Assigned: _____ Date Assigned: _____