



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: September 18, 2023

Supersedes: July 25, 2022, August 12, 2019

Part 1: Directions

1) If you believe you have been unlawfully harassed or discriminated against and the unlawful harassment or discrimination was 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 the Delaware Department of Human Resources (DHR) at DHR-ELR@delaware.gov.

If you believe you have a complaint concerning bullying, disrespectful behavior, unprofessionalism, bias, harassment, retaliation, or other behavior addressed in the State's Standards of Conduct Policy and Procedure, and such behavior was not based on any of the protected classes below, review the State's Standards of Conduct Policy and Procedure to determine if the Standards of Conduct Complaint Form is applicable.

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

☐ Protective Hairstyle ☐ Other Protected Class: _____

(Must specify)

☐ Gender Identity or Expression ☐ Victim of Domestic Violence Sexual Assault and/or Stalking

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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?

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- 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 charge been filed with the Department of Labor? ☐ Yes ☐ No
- 4) 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 (DDOL), the Equal Employment Opportunity Commission (EEOC), a Collective Bargaining Agreement, to the extent that any of the foregoing are or may be applicable, or any court or regulatory body. Completion of this form also does not constitute filing of a Union or Merit grievance, charge of discrimination with DDOL or the EEOC, or other complaint with applicable regulatory agencies.

☐ 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 C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation. Act, 6 *Del.*

Print Name: _____ Date: _____

Signature: _____

Part 9: For DHR Use Only

Received By: _____ Date Received: _____

HR/Labor Relations Contact: _____ Date Contacted: _____

Investigator Assigned: _____ Date Assigned: _____