

**CITY OF HENDERSON**

240 Water Street
P.O. Box 95050
Henderson, NV 89009

HUMAN RESOURCES

702-267-1940
Fax 702-267-1901

Employee Complaint Form - Confidential

This form may be completed by the complainant or person receiving the complaint. Employees are encouraged to reference the City's Complaint Procedures ([Administrative Policy No. A-08](#)) for additional information regarding the complaint process.

All complaints will be reviewed, and a determination will be made on a procedural course of action. Please answer the questions on this form completely and use as many additional sheets as necessary to assist in the initial review. Submit this completed form, along with any attachments, to the Human Resources Department. If you are a member of the Human Resources Department and would like to submit a complaint, please submit to the City Manager's Office.

INDIVIDUAL FILING COMPLAINT:

Date:	
Name:	
Home Address: (Non-employees)	
Home Phone:	
Preferred Phone:	
Preferred Email:	
Job Title:	
Department:	
Division:	
Section/Unit:	
Supervisor's Name:	
Work Location:	
Work Phone:	

COMPAINT FILED AGAINST:

Accused Name:	
Job Title:	
Department:	
Division:	
Section/Unit:	
Work Location:	
Relationship to Complainant: (i.e. supervisor, co-worker, subordinate, etc.)	

COMPLAINT TYPE:

Please select your complaint type.

<input type="checkbox"/> Harassment, Discrimination, Retaliation – Please select from the following:	
<input type="checkbox"/>	Sexual Harassment
<input type="checkbox"/>	Discrimination/Harassment based on: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Pregnancy <input type="checkbox"/> Age <input type="checkbox"/> National Origin/Ancestry <input type="checkbox"/> Disability <input type="checkbox"/> Veteran Status <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender Identity/Expression <input type="checkbox"/> HIV Status <input type="checkbox"/> Genetic Information <input type="checkbox"/> Other: _____
<input type="checkbox"/>	Retaliation
Affected Terms & Conditions of Employment: <i>For sexual harassment, discrimination, harassment, or retaliation complaints, select those actions allegedly taken against you and the date of the alleged occurrence (if applicable):</i>	
<input type="checkbox"/> Demotion	Date: _____
<input type="checkbox"/> Lay Off	Date: _____
<input type="checkbox"/> Harassment	Date: _____
<input type="checkbox"/> Sexual Harassment	Date: _____
<input type="checkbox"/> Failure to Accommodate	Date: _____
<input type="checkbox"/> Discharge	Date: _____
<input type="checkbox"/> Fail to Hire/Promote	Date: _____
<input type="checkbox"/> Forced Resignation	Date: _____
<input type="checkbox"/> Failure to Compensate	Date: _____
<input type="checkbox"/> Pregnancy/Maternity	Date: _____
<input type="checkbox"/> Other:	Date: _____

<input type="checkbox"/> Workplace Professionalism Policy Violation (Policy # A-07)

<input type="checkbox"/> Other Administrative Policy Violation
List Policy:

<input type="checkbox"/> Departmental Policy Violation
List Policy:

<input type="checkbox"/> Collective Bargaining Agreement/Civil Service Rules Violation
Bargaining Group: <input type="checkbox"/> Teamsters <input type="checkbox"/> HPOA <input type="checkbox"/> HPSA <input type="checkbox"/> IAFF Article: _____ Section: _____ Sub-section: _____ <input type="checkbox"/> Civil Service Rule Chapter: _____ Title: _____ Section: _____

INCIDENT DETAILS:

Provide all information below for **each** incident, beginning with the most recent. If you are reporting multiple occurrences, please attach additional sheets as necessary.

Incident Date:	
Time:	
Location:	
Describe the incident in detail: (If complaint is related to harassment, discrimination, or retaliation, in addition to providing the details of the incident, please provide an explanation on why you believe the incident is related to harassment, discrimination, or retaliation)	
Were there any witnesses to the alleged incident?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name, phone number, and address for each witness.	
Did you inform the alleged offender(s) that their behavior was unacceptable?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.	
Have you reported this incident to anyone else?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name(s) of person(s) reported to.	
Phone number of person(s) you reported to:	
Date(s) you reported:	
What remedy are you seeking?	
Documents relating to complaint:	
Note: Please list below and attach any supporting documentation to this form.	

Additional Information (Optional)

If any information for the previous fields needs to be expanded, please use this space to do so.

VERIFICATION

Complaining Employee			
I, _____ certify these statements and attachment(s) (Print Name) (if applicable), are true and factual.			
Employee's Signature:		Date:	

Form Submission Instructions: Submit this completed form, along with any attachments, to the Human Resources Department. If you are a member of the Human Resources Department and would like to submit a complaint, please submit to the City Manager's Office.

HR ONLY

Complaint Received by:			
Date Complaint Received:			
Intake Conducted by:			
Intake Date:		Intake Time:	
Case #			

**The City of Henderson would like the opportunity to investigate all complaints prior to submission to any of the agencies listed below.
Complaints of sexual harassment and discrimination may also be filed with:**

Equal Rights Commission Las Vegas
1820 East Sahara Avenue Suite 314 Las Vegas, NV 89104
Phone (702) 486-7161
Fax (702) 486-7054

U.S. Equal Employment Opportunity Commission
333 Las Vegas Blvd South, Suite 5560, Las Vegas, NV 89101
Phone (702) 553-4470
Fax (702) 388-5094