WASHINGTON COUNTY COMPLAINT FORM

Use this form when reporting violations regarding Administrative Policies 205, 301, or 503

Washington County takes all complaints of discrimination, harassment, unethical, unfair or unprofessional conduct seriously. All complaints are treated as confidential to the extent practical. Names and other identifying information is disclosed when it is necessary for investigation purposes. Filing a written complaint is voluntary. You are not required to use this form. If you would like to speak to a HR Business Partner about your concerns, please email hremployeerelations@washingtoncounty.or.gov.

PLEASE PRINT OR TYPE (Attach extra pages as necessary.)

YOUR NAME _____ EMPLOYEE ID # _____

HOME PHONE _____ WORK PHONE _____

STREET _____ CITY, STATE, ZIP _____

ADDRESS EMAIL _____ ALTERNATE CONTACT METHOD _____

ADDRESS DEPT/ _____ WORK LOCATION _____

PLEASE IDENTIFY THE PERSON(S) AND/OR DEPT AGAINST WHOM/WHICH YOU ARE FILING THIS COMPLAINT.

NAME(S) OF ACCUSED _____

DEPT/DIVISION _____ PHONE NUMBER _____

PLEASE ANSWER THE FOLLOWING QUESTIONS PERTAINING TO YOUR COMPLAINT (Attach additional pages as necessary).

Describe what happened. Please be as specific as possible including parties involved, location information, and interaction date(s).

How does this adversely / negatively impact you?

Witnesses. List all names and positions of anyone who witnessed the conduct or incident.

Have you attempted to resolve the concern directly? If so, please describe in detail.

Do you believe that the action(s) taken against you were because of a protected class*? ◯ Yes ◯ No ◯ Unsure

If yes or unsure, please explain why you feel this way.

**Protected class may include the following (for a complete list refer to Washington County's Administrative Policy 301, Workplace Discrimination, Harassment, Sexual Assault, and Retaliation Prevention): race, religion, color, national origin, disability, marital status, pregnancy, sex, age, veteran status, or use of protected leave.*

WASHINGTON COUNTY COMPLAINT FORM

Use this form when reporting violations regarding Administrative Policies 205, 301, or 503

I _____(your name), certify that the information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of this complaint and provide whatever evidence Washington County deems relevant.

By signing this complaint form I also acknowledge the following statements:

- I understand that this complaint and my identity will be kept confidential to the fullest extent possible in accordance with applicable Federal, State, and local laws, and only shared with those that have a right or a need to know.
- I understand that, in the course of the investigation, it may become necessary to reveal my identity or identifying information about me to person(s) at the department or division under investigation or to other persons, agencies, or entities.
- I understand that as a complainant I am protected from being intimidated, threatened, coerced, retaliated, or discriminated against because I have made a complaint, testified, assisted, or participated in any manner in mediation, investigation, hearing, proceeding, or any other part of this investigation.

SIGNATURE *(Please sign and date this form. You do not need to sign if submitting via email, email submission represents signature.)*

Signature	Date

PLEASE INCLUDE ANY DOCUMENTATION YOU BELIEVE IS RELEVANT TO YOUR COMPLAINT.

RETURN THIS FORM TO: hremployeerelations@washingtoncountyor.gov

HR recognizes that this process can be stressful, and we want you to know that there are resources available to strengthen your mental wellbeing. If you are in need of support, we encourage you to reach out to our EAP provider, Canopy at 800-433-2320 or visit their website at my.canopywell.com.

FOR HR USE ONLY. THIS FORM WAS COMPLETED BY (check the box that applies):

☐Complainant (employee filing the complaint) ☐HR Employee (name) _____
☐Another employee (on behalf of complainant) ☐Manager / Supervisor (name) _____
☐Other (specify) _____

FOR HR USE ONLY. THE INFORMATION ON THIS FORM WAS GATHERED:

☐By phone ☐In person
☐Submitted by the complainant ☐Other (specify) _____

Administrative Policy 301 - Terms and Definitions

Discrimination: Appointing, demoting, disciplining, or taking any other type of adverse employment action due to a person's actual or perceived protected class.

Workplace Harassment: Unwelcome offensive conduct for both protected and nonprotected classes. Workplace harassment is unlawful when the unwelcome conduct is based on an individual's protected class status and 1) enduring the offensive conduct becomes a condition of continued employment, or 2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive. Depending upon the circumstances, a single act of harassment may be considered a violation of this policy.

Types of Workplace harassment may include:

Verbal Harassment – Unwelcome speech that is reasonably considered epithets, derogatory comments, slurs, propositioning, or otherwise offensive words or comments. Unwelcome verbal harassment may also include inappropriate comments on appearance, including dress or physical features, sexual rumors, code words, and derogatory stories.

Physical Harassment – Physically impeding or blocking movement, leering, or the physical interference with another individual's normal work, privacy, or movement. Physical harassment also includes acts that are reasonably considered to be inappropriate touching, pinching, patting, grabbing, or any other inappropriate gestures.

Visual Forms of Harassment – Includes, but is not limited to, any derogatory, prejudicial, stereotypical or otherwise offensive posters, photographs, cartoons, notes, bulletins, drawings, images or pictures and includes both posted material and material maintained in or on County equipment or personal property visible in the workplace.

Sexual Harassment – Any unwelcome act or communication which is reasonably considered sexual in nature and that is made an explicit or implicit term or condition of employment, is used as the basis of an employment decision, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile or offensive work environment.

Hostile Work Environment: Unwelcome behavior or comments that are severe or pervasive enough that a reasonable person would consider it intimidating, hostile or abusive and that interfere with an employee's work performance or work conditions. A single serious incident or repeated smaller incidents can create a hostile work environment. Occasional personality conflicts or simple rudeness may not.

Offensive Conduct: Includes but is not limited to, offensive jokes, slurs, epithets or name calling, physical assaults or threats, intimidation, ridicule or mockery, insults, offensive objects or pictures, and intentional interference with work performance.

Retaliation: Any adverse employment action taken because a person has, in good faith (1) initiated or pursued a complaint under this or any other policy internally or with any outside agency; or (2) provided information or participated in an investigation of a complaint of discrimination, harassment or retaliation.

Sexual Assault: Any unwanted touching of the sexual or other intimate parts of a person or causing such person to touch the sexual or other intimate parts of the actor for the purpose of arousing or gratifying the sexual desire or either party.

Bullying: A pattern of targeted, harmful mistreatment that often involves repeated incidents or a pattern of behavior and is intended to intimidate, offend, degrade or humiliate a particular person or group of people.