



# Department of Finance and Administration Discrimination and Harassment Complaint Form

R 6/27/22

Employees are encouraged to report any discriminating conduct as soon as possible to the DFA Human Resources (DFA HR) Office. Although not required, any DFA employee who believes they have been the target of discrimination or harassment is encouraged to inform the offending person orally or in writing that such conduct is offensive and must stop. If the employee does not wish to communicate directly with the offending person, or if such communication has been ineffective, the employee may contact DFA HR with a verbal complaint or use this form for reporting allegations of discrimination or harassment as set out in the DFA Handbook at Section 2.2 and in DFA Policy 2.1 Sexual Harassment.

## REASON FOR COMPLAINT

Discrimination

Sexual Harassment

Retaliation

*Employment retaliation is the punishment of an employee by an employer for engaging in legally protected activity, such as making a complaint of harassment to a governmental body or participating in workplace investigations.*

Hostile Work Environment

*In employment, a situation in which unlawful discrimination has become so frequent or severe that the environment of the workplace can be considered hostile to the employee.*

Other \_\_\_\_\_

## COMPLAINANT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Division/Office

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Complainant's Manager/Supervisor

## ALLEGED HARASSER

\_\_\_\_\_  
Name

\_\_\_\_\_  
Division/Office

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

Relationship to the complainant:  Manager  Coworker  Client  Other \_\_\_\_\_

## COMPLAINT

Where and when did the specific event occur?

Explain the events that occurred including the complainant's reaction to the unwelcome conduct.



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Describe the harm the complainant has suffered because of the event.

Were there any witnesses to this specific event? *If yes, please provide their names.*

Is there any evidence that supports your complaint? *If yes, describe or attach a copy of the evidence.*

What effect has the incident(s) had on the complainant's ability to perform their job, or on other terms or conditions of his or her employment?

Provide the names of other individuals who might have been subject to the same or similar harassment or discrimination.

What steps has the complainant taken to try to stop the discrimination and/or harassment?



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What is your desired outcome of the investigation?

Provide any other information the complainant believes to be relevant to the discrimination/harassment complaint. Use additional paper if needed.

**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 my complaint and provide whatever evidence the agency deems relevant.**

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

## **SUBMIT THIS FOR TO THE DFA HR OFFICE**

DFA, Office of Human Resources  
1509 W 7th St., Room 300  
Little Rock, AR 72201  
Phone 501-324-9065