



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 FORM TO THE DFA HR OFFICE

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