



NCRSO

Discrimination & Harassment Complaint Form

(please type or print clearly)



Date Submitted:

SECTION I

Name of Complainant (print)	Signature of Complainant
Complainant's Home Address	Complainant's Phone Number(s)
Street Address	Home: ()
City/Town, State	Cell: ()
Zip Code	Work: ()
Complainant's Role(s) at the NCRSO/NCRSC/NCCNA (check all that apply)	
<input type="checkbox"/> Volunteer <input type="checkbox"/> Employee <input type="checkbox"/> Vendor	<input type="checkbox"/> NCRSO <input type="checkbox"/> NCRSC <input type="checkbox"/> NCCNA <input type="checkbox"/> Other

SECTION II

The Discrimination or Harassment is Based on Your: (check all that apply)

<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Religion <input type="checkbox"/> Religious Practice <input type="checkbox"/> National Origin <input type="checkbox"/> Ethnic Group <input type="checkbox"/> Sex (includes sexual harassment and sexual violence) <input type="checkbox"/> Gender Identity <input type="checkbox"/> Sexual Orientation (the term "sexual orientation" means heterosexuality, homosexuality, bisexuality, or asexuality)	<input type="checkbox"/> Age <input type="checkbox"/> Marital Status <input type="checkbox"/> Military Status <input type="checkbox"/> Veteran Status <input type="checkbox"/> Disability <input type="checkbox"/> Domestic Violence Victim Status <input type="checkbox"/> Arrest or Conviction Record <input type="checkbox"/> Genetic Information <input type="checkbox"/> Other (specify) _____
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SECTION III

Date of first alleged incident of discrimination or harassment:

Name of the person(s) committing action(s) against complainant, if known:

Name(s):

Their job or role (if known):

Description of incident(s):

Witnesses, if any, or others who should be contacted with knowledge vital to this investigation (include contact information for each person):
-Use additional paper if necessary-

Name(s):

Contact Information:

Others you may have discussed this incident with, including contact information for each:

Name(s):

Contact Information:

SECTION IV

If there are multiple instances of alleged discrimination or harassment, provide the dates, description of the incidents, and those involved:

Section does not apply

Name(s):

Their job or role (if known):

Description of incident(s) with dates:

Has this matter of discrimination or harassment been previously reported?

No

Reported to (Name, Title/Job):

Yes Date:

If yes, describe the outcome or resolution:

SECTION V

Remedy, outcome or resolution sought by complainant:

Once completed, please forward this form to one of the NCRSO Officers at 1820 Walters CT Suite A-1, Fairfield, CA 94533 or email one or all of the following: president@ncrso.org, vicepresident@ncrso.org, secretary@ncrso.org, or treasurer@ncrso.org