



**HUMAN RESOURCES  
& DEVELOPMENT**  
TULARE COUNTY

**Harassment & Discrimination Complaint Form**

Date: \_\_\_\_\_

**Employee Information**

Full Name: \_\_\_\_\_  
Last First M.I.

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Type of Allegation:  Discrimination  Harassment  Retaliation  Other

Name of Subject: \_\_\_\_\_ Job Title of Subject: \_\_\_\_\_

Description of Occurrence:

\_\_\_\_\_  
*Please fill free to attach additional pages and documentation if needed*

Personnel Rule(s) Violated: \_\_\_\_\_

Action Requested by Employee: \_\_\_\_\_

**Next Steps – to be completed by Employee-Employer Relations Staff**

EERS Assigned: \_\_\_\_\_ Resolved during initial Meeting: \_\_\_\_\_

Follow up required: \_\_\_\_\_

Immediate action taken pending investigation: \_\_\_\_\_

Referred matter to Department for resolution: \_\_\_\_\_

Referred to Investigation: \_\_\_\_\_