

**GENESEE COUNTY EMPLOYEES'  
HARASSMENT/DISCRIMINATION COMPLAINT FORM**

Detach and submit to the head of your department.

Name of Employee \_\_\_\_\_ Date Submitted \_\_\_\_\_

Job Title \_\_\_\_\_ Work Phone \_\_\_\_\_

Department Where Employed \_\_\_\_\_

Please check the applicable box:

I charge that I have been subjected to:

- Sexual harassment
- Racial harassment
- National Origin Harassment

or discrimination based on:

- Race,  Creed,  Color,  Veterans/Disabled Veterans Status,
- National Origin,  Gender,  Martial Status,  Age,
- Disability,  Religion, or  Status as a member of any other  
Protected group or activity.

Nature of Complaint (When did it occur? Who was involved? What happened? etc.)

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Remedy Requested:

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(Attach additional sheets if needed)

Complainant's Signature \_\_\_\_\_