

RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAI`I EEO, DISCRIMINATION, AND HARASSMENT COMPLAINT FORM

Complainant Contact Information:

(Your personal information (address and phone number) will be redacted to preserve your privacy)

Name: _____

Mailing Address: _____

Phone # (work/home): _____ Email: _____

Accused Contact Information: (individual or office that discriminated against you):

Name: _____ Phone #: _____

Project Name: _____ Job Title: _____

Project Address: _____

Alleged Basis of Discrimination/Harassment (check applicable box(es) and describe below):

- | | |
|---|-------------------------|
| Age | Genetic information |
| Ancestry | Marital status |
| Arrest and court record | Military/Veteran Status |
| Citizenship | National Origin |
| Color | Pregnancy |
| Disability | Race |
| Domestic or sexual violence victim status | Sex |
| Gender identity or expression | Sexual Orientation |
| Other: _____ | |

Details of Discrimination/Harassment:

Date of Occurrence(s): _____

Time of Occurrence(s): _____

Location of Occurrence(s): _____

Confidential: Access to this document will be limited to RCUH Human Resources Department Investigator(s) and others on a need to know basis. While management will strive to preserve confidentiality, we cannot guarantee complete confidentiality since we cannot conduct an effective investigation without revealing certain information to the alleged wrongdoer and potential witnesses.

Description and Explanation of Prohibited Conduct: Provide a description of the incident(s) of discrimination or harassment, including sexual harassment. Specify the nature of the conduct (promotion denial, harassment, discharge, hostile or offensive conduct, etc.) and the persons involved. Describe how you were treated differently from others. Attach additional pages as necessary or evidence to support your charge(s).

Identify any witnesses: Provide name and contact information of any witnesses that may provide validation to your case.

Describe corrective action or remedy you are seeking:

Complainant's Signature and Certification:

I certify that the complaint described on this form is accurate and true to the best of my knowledge. Pursuant to the written complaint I have submitted, I agree that this statement of charges may be used during any investigation of the case.

I understand that any retaliation against a complainant or witness is prohibited by the Research Corporation of the University of Hawaii. I will report any acts of retaliation immediately to the RCUH Director of Human Resources.

Signature

Date

Name

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