

Galveston County Human Resources Policy Manual

County of Galveston - Human Resources Harassment and Workplace Conflict Complaint Form

The information you provide below is considered sensitive and will be shared only with those who are considered essential to the investigation and disposition of this complaint. Do not feel limited by the space provided in this form- you are encouraged to attach additional pages and documentation if you believe it will assist in the investigation.

Your Na	ame: Date of Hire
Position	1:
	ment: Phone Number:
Immedi	iate Supervisor:
1.	Describe the alleged harassment incident(s).
2.	Who was responsible for the alleged harassment incident(s)?
3.	Identify any witnesses to the alleged harassment incident(s).
4.	Where did the alleged harassment incident(s) take place?
5.	List the date(s) and time(s) that the alleged harassment incident(s) occurred.
6.	How did you feel?
7.	Have you reported this incident to anyone else? If so, whom?
8.	What would be your desired outcome as a result of the investigation?
I agree t	to keep this information confidential and not discuss it without clearing through Human Resources
Signatuı	re: Date:

Galveston County is an equal opportunity employer. It is Galveston County's policy that all employees have a right to work in an environment free of discrimination and harassment based on sex, age, race, color, national origin, religion, disability or any other basis protected by federal, state, or local law.

Galveston County's policy prohibits retaliation against any employee for complaining about discrimination or harassment. Please contact HR at 409-770-5350 if you need any assistance.