City of Santa Ana

HUMAN RESOURCES DEPARTMENT

INAPPROPRIATE CONDUCT COMPLAINT REPORT

REPORTING PARTY

Name:_____ Today's Date: _____

Job Title: _____ Phone #: _____

Department:_____ Email: _____

Supervisor Name: _____ Supvr. Phone #: _____

Did you, complainant and/or alleged victim notify a supervisor/manager prior to today?

_____Yes _____No _____ Unknown

Date(s) and time(s) on which incident(s) occurred:

_____

_____

Alleged Victim(s) (if not the same as Reporting Party

Victim: _____ Job Title: _____

Phone #: _____ Email: _____

Victim: _____ Job Title: _____

Phone #: _____ Email: _____

Information on individual(s) whose behavior is in question:

Offending Party: _____ Job Title: _____

Phone #: _____ Email: _____

Offending Party: _____ Job Title: _____

Phone #: _____ Email: _____

Please list any and all witnesses to the incident (if none, please write "N/A"):

Name:_____Phone number: _____

Name:_____Phone number: _____

Name:_____Phone number: _____

Please explain, with as much detail as possible, the nature of the incident(s). This would include actions by employees, contractors, vendors, or anyone else who does business with the City. Be sure to include what happened, who was involved and their association to the City, what was communicated specifically and by whom, if there was retaliation involved, and why you believe the behavior was inappropriate. You may attach additional notes if needed.

_____

_____

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_____

_____

_____

PREVIOUS COMPLAINTS, GRIEVANCES, OR CHARGES

1. Have you made a previous complaint on this subject to a supervisor, manager, or a member of the Human Resources Department?

   Yes:_____No: _____

   If yes, to whom?

   _____

   Date of previous complaint (if applicable):

   _____

   Status of previous complaint (if applicable):

   _____

   _____

   _____

   _____

2. Outside of the City, have you filed an administrative charge on this subject with a State or Federalgovernment agency?

   Yes:_____No: _____

   If yes, which government agency?

   _____

   Date of filing:_____Status (if applicable): _____

   _____

   _____

   _____

   _____

B. OTHER INFORMATION

Please list any additional relevant, useful information and / or comments for Human Resources to consider:

_____

_____

_____

_____

C. CERTIFICATION

I certify that the information supplied is true and correct to the best of my knowledge. I further understand if I knowingly provide false or fraudulent information in a complaint, I may be subject to disciplinary action up to and including termination of employment.

_____	_____	_____
Name	Signature	Date

FOR HR USE ONLY:

Complaint received by: _____ on the following date: _____

Review / Recommendations:

_____

_____

_____

_____

_____

_____	_____	_____
Name	Signature	Date

Comments:

_____

_____

_____

_____	_____	_____
Name	Signature	Date