



State of Rhode Island
Division of Human Resources
Site Operations/Business Partner Center of Expertise
COMPLAINT REQUEST

Document: HRF 01
Date of Issue: 02/16/21
Revision No:
HR Exec Dir:

Complete this form to file a complaint of Discrimination, Sexual Harassment, Domestic Violence/Sexual Assault/Stalking, Workplace Violence or Retaliation. This form may be used for a complaint by an Executive Branch employee.

Once you have submitted the complaint form, you will be contacted by an investigator from the Division of Human Resources Site Operations/Business Partner Center of Expertise (COE). If you do not wish to complete the Complaint Form, or need assistance in doing so, please contact your agency's Human Resources Business Partner or Diversity Officer who can fill out the form on your behalf. Alternatively, you can call the Site Operations/Business Partner COE at 401-574-8381 to make a report by phone.

* = Required Field

Section 1 - Complainant Information

Are you an employee of the State of Rhode Island? * [] Yes [] No

Complainant Contact Info

First Name, Last Name, Title, Agency, Work Location, Work Phone, Home Address, Home Phone, Email Address, Manager/Supervisor

How do you prefer to be contacted? [] Email [] Phone

Section 2 - Person Completing Form

Same as Section 1 []
Are you an employee of the State of Rhode Island? * [] Yes [] No

First Name, Last Name, Phone, Email

Section 3 - Complaint Filed Against Information

First Name, Last Name, Title, Agency, Work Location



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Section 4 – Complaint Information

Complaint is being made on the basis of* (Multiple options can be selected).

Discrimination (multiple options can be selected)

<input type="checkbox"/> Race/Ethnicity/Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Age	<input type="checkbox"/> Genetics	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Military Status	<input type="checkbox"/> Veteran Status	<input type="checkbox"/> Religion	<input type="checkbox"/> Sex	<input type="checkbox"/> National Origin
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Gender Expression		

Sexual Harassment Workplace Violence Retaliation

Summary of Complaint – Please describe what happened to you, indicating the date or dates when it occurred, names of persons involved, and what harm, if any was caused to you as a result. *Please continue on separate sheet of paper, if necessary.*

Date of First Incident _____ Date of Last or Most Recent Incident _____



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Section 5 - Witnesses Information

Please list below any persons (co-workers, supervisors, others) who were witness to or can provide information pertaining to your complaint.

To Whom has this been reported

It has not been reported to anyone

It has been reported to the following people

Incident Reported to

Full Name

Title

Agency

Manager/Supervisor

Phone

Email

Full Name

Title

Agency

Manager/Supervisor

Phone

Email

Section 6 -- Attachments

Please provide any supporting documents.

Complainant Signature

Date

Horizontal line for signature and date