

CODE OF CONDUCT COMPLAINT FORM

All information provided will be handled as CONFIDENTIAL to the extent possible. However, it may be necessary to contact the individuals named and /or to reveal some of the information contained in your complaint in order to insure a thorough and fair investigation of this matter.

Answer ALL questions! If the question is not applicable to your complaint indicate with "N/A".

General Information

1. Name: _____ Job Title: _____

Department: _____ Location: _____

Name and title of your Supervisor: _____

2. Name of Person(s) you are complaining about: _____

Job Title: _____ Department: _____

Location: _____ Phone: _____

How long have you worked with this person? _____

Does this person have any supervisory authority over you? _____

Details of Your Complaint

1. Original (first) date of offensive behavior: _____

Most recent date of offensive behavior: _____

2. Please check the conduct that constitutes the offensive behavior that is the subject of this complaint: (check all that apply)

___ Bullying

___ Cyberbullying

___ Hazing

___ Inappropriate/demeaning job assignment

___ Use of abusive language

___ Excessive teasing/ridicule

___ Retaliation for filing previous Code of Conduct Complaint

___ Other (explain) _____

3. Please describe in detail the events providing the basis for your complaint. Be specific and include dates and persons involved. Attached additional sheets if necessary.

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4. Were there any witnesses? If so, please list each one's name, job, title, job location and what you believe each saw and/or heard.

5. Have you witnessed anyone else being treated in the same manner? _____. If yes, give their names, job titles and details of what you saw and/or heard.

6. Have any other employees told you that they had similar experiences with the individuals you are complaining about? _____. If yes, give names and job titles.

7. a) What papers, records and/or documents do you possess regarding the events/issues relating to your complaint?

(Please attach copies with appropriate explanation that support your complaint.)

- b) What papers, records and/or documents do you not possess but that you believe support your complaint? Please indicate who you believe would have these records.

8. Have you filed a complaint concerning the same allegations with any union, outside agency, or court? _____. If yes, where have you filed the complaint? _____

What is the status of that complaint? _____

9. How do you think your complaint can be reasonably resolved?

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10. How do you believe you have been affected by the events giving rise to this complaint?

PLEASE NOTE: If you are subjected to any adverse action as a result of the filing of this complaint that you feel may be retaliatory, you should promptly report it to your Department Director or the Town's Personnel Officer.

Date: _____

Signature: _____

Date: _____

Received by: _____

Please return completed form to your Department Director and Town Personnel Officer. If your Department Director is the subject of the complaint, this form should only be returned to the Town Personnel Officer.