**Discrimination Complaint Form**

**Confidential**

**Section 1: Complainant Information**

* **Full Name**:
* **Job Title / Role**:
* **Department / Unit**:
* **Phone Number**:
* **Email Address**:
* **Preferred Method of Contact**: ☐ Phone ☐ Email

**Section 2: Incident Details**

* **Date(s) of Incident(s)**:
* **Time(s) of Incident(s)**:
* **Location(s)**:
* **Name(s) of Individual(s) Involved**:
* **Witness(es) Present**:
* **Describe the Incident**:  
  *(Include details of the behavior, words, or actions that you believe were discriminatory. Attach additional pages if necessary.)*

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**Section 3: Supporting Evidence**

* ☐ I am attaching documents (emails, screenshots, messages, etc.)
* ☐ I am providing names of witnesses for contact
* ☐ I have no supporting documents at this time

**Section 4: Desired Resolution**

*What outcome are you seeking from this complaint?*

**Section 5: Declaration**

I declare that the information I have provided is true and accurate to the best of my knowledge.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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