

VIOLENCE IN THE WORKPLACE

COMPLAINT FORM

Name:	Department:
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Address:	Phone No.:
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Alleged violation? (Check all that apply):

Assault: _____ Battery: _____ Bullying: _____ Cyber Bullying: _____ Harrasment: _____

Intimidation: _____ Property Damage: _____ Stalking: _____ Threats: _____ Other: _____

Please specify the form of the alleged violation: (check all that apply)

Verbal: _____ Physical: _____ Written: _____ Other: _____ (please specify)

Complaint is against what County employee, vendor or contractor?

Name(s) : _____ Department (if applicable): _____

Describe circumstances of complaint (Include dates, locations, etc.)

Additional information is _____ is not _____ attached

Have you reported this complaint to your supervisor or department head? Yes _____ No _____

Provide name, address and phone number of witness(es) who may be contacted.

I declare under penalty of perjury that the facts and circumstances given above are true and correct to the best of my knowledge and belief. I further authorize the Human Resources & Risk Management Director or his/her designated representative access to all appropriate personnel, judicial, legal, and/or administrative record or files relevant to an investigation of this complaint.

Signature: _____	Date: _____
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PLEASE SUBMIT COMPLETED FORM TO:

Human Resources & Risk Management Department
 940 W. Main Street, Suite 101, El Centro, CA 92243
 Phone: (442) 265-1144 Fax: (442) 265-1167

