

**City & County of Honolulu**

**Complaint Form for Reporting  
Discrimination, Harassment or Sexual Harassment**

**CITY EMPLOYEE'S NAME:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

1. On (date) \_\_\_\_\_ at (place) \_\_\_\_\_  
the following happened:

2. I believe what is described above is sexual harassment and/or prohibited discrimination in the work place because:

3. I would like to have the following corrective action taken by management to resolve my concerns in this matter:

4. I believe the following persons can contribute information on this matter:

Name	Title	Work Phone	Home Phone
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5. I have discussed my concerns on this matter with:  
(supervisors, other management officials, union representatives, or co-workers, as appropriate)

Name	Title	Work Phone	Home Phone
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6. I understand the City & County of Honolulu will investigate this matter and, as much as possible, keep the details of the situation confidential. Once completed, I shall be informed of the findings. I understand that management does not make any promises of a specific action that may be taken against the alleged harasser; however, appropriate action will be taken based on the results of the investigation.

Signature \_\_\_\_\_ (Date) \_\_\_\_\_

7. Received by: \_\_\_\_\_ (Name) \_\_\_\_\_ (Title) \_\_\_\_\_

Signature: \_\_\_\_\_ (Date) \_\_\_\_\_

Note: Provide a copy of this record to the complaining party; the original becomes part of the official investigative file.