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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Work Phone</th>
<th>Home Phone</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Work Phone</th>
<th>Home Phone</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature</th>
<th>(Date)</th>
</tr>
</thead>
</table>

7. Received by: ____________________________
   (Name)
   Signature: ____________________________
   (Title) (Date)

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