

City of New Orleans



Sexual Harassment or Discrimination Complaint Form

I hereby submit this Complaint form to the Personnel Division, Chief Administrative Office, and City of New Orleans. I have read the form in its entirety. (A copy of form may be viewed at (<https://employee.nola.gov/work/policies/policy-memorandum/>))

Sexual Harassment is defined below:

It is unlawful to harass a person (an applicant or employee) because of that person's sex. Harassment can include sexual harassment or unwelcome sexual advances, requests for sexual favors, contact or touching, and other verbal or physical harassment of a sexual nature. Sexual harassment is prohibited regardless of whether the parties are the same sex or the opposite sex or whether one or more parties are transgendered.

Date Received by Personnel Division:

Received By:

Date of Complaint:

Complainant Name:

Title:

Immediate Supervisor:

Department:

Division:

Work Location:

Work Phone:

Home Address:

Home Phone:

Home Email Address:

City Email Address:

Best Telephone Number to Contact me:

Cell Phone:

Best Time and Days to Contact me:	
1.Type of Complaint:	
Check the type of discrimination or harassment that relates to this complaint:	
Sexual Harassment	Sex Discrimination
Age Discrimination	Religious Discrimination
Disability Discrimination	Pregnancy Discrimination
Sexual Orientation Disability	Gender Identity
Racial Discrimination	National Origin Discrimination
	Color Discrimination
	Genetic Information
*Hostile Work Environment * Hostile Work Environment and Retaliation must be based *Retaliation on one of the protected groups listed above. Check if appropriate.	
If you make a complaint of sexual harassment/discrimination it will be investigated. Please initial _____	
2. Who or what do you believe was responsible for the alleged sexual harassment or discrimination incident (s)?	
3.Accused Name	4.Title
5. Relationship to the Complainant (i.e. supervisor, co-worker, subordinate, etc.)	

6. Describe the alleged sexual harassment or discrimination incident(s) Please specify location(s), date(s) and time(s) of each occurrence. Use as much detail as possible. Attach additional sheets, if necessary.

7. Did you inform the alleged offender(s) their behavior was unacceptable?

YES NO

If yes, please describe.

8. Were there any witnesses to the alleged sexual harassment or discrimination incident(s)?

YES NO

If yes, please provide the name(s), address (es), and phone number(s).

9. Have you reported this incident to anyone else?

YES NO

If yes, please provide the name(s), address (es), and phone number(s).

10. What remedy are you seeking?

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