



INTERNAL DISCRIMINATION/ HARASSMENT COMPLAINT

Discrimination, including harassment, sexual harassment, and retaliation, is prohibited under RCW 49.60 and Title VII of the Civil Rights Act of 1964. The Department promotes a work environment free from discrimination and unsolicited, unwelcome, and inappropriate behavior per DOC 810.005 Equity, Diversity, Inclusion, and Anti-Racism and DOC 850.625 Discrimination and Harassment. The Department prohibits all forms of discrimination, regardless of during the performance of official duties or off duty.

Complaints should be filed as soon as possible after the alleged incident(s) occurred. Complaints may also be filed with the Washington State Human Rights Commission/Equal Employment Opportunity Commission, law enforcement, or per the applicable Collective Bargaining Agreement. Employees, contract staff, and volunteers may request assistance from Human Resources.

ALLEGATION(S)

I believe I have been discriminated against based on the following (check all that apply and provide specific details related to you):

- | | |
|--|--|
| <input type="checkbox"/> Race: _____
<input type="checkbox"/> Hairstyle based on race: _____
<input type="checkbox"/> Color/skin shade: _____
<input type="checkbox"/> National origin/nationality/ethnicity: _____
<input type="checkbox"/> Citizenship/immigration status: _____
<input type="checkbox"/> Language/accent: _____
<input type="checkbox"/> Sex: _____
<input type="checkbox"/> Sexual orientation: _____
<input type="checkbox"/> Sexual harassment
<input type="checkbox"/> Pregnancy: <input type="checkbox"/> Current <input type="checkbox"/> Former
<input type="checkbox"/> Breastfeeding location: <input type="checkbox"/> Current <input type="checkbox"/> Former
<input type="checkbox"/> Pregnancy disability: _____
<input type="checkbox"/> Qualifying pregnancy-related condition: _____
<input type="checkbox"/> Gender - _____
<input type="checkbox"/> Gender expression/identity: _____
<input type="checkbox"/> Age - _____ | <input type="checkbox"/> Religion/creed - _____
<input type="checkbox"/> Disability (i.e., sensory, mental, or physical): _____
<input type="checkbox"/> Current <input type="checkbox"/> Former
<input type="checkbox"/> No disability, regarded as having one
<input type="checkbox"/> HIV/AIDS or Hepatitis C: _____
<input type="checkbox"/> Use of a trained service animal:
Type of animal: _____
Specific disability: _____
<input type="checkbox"/> Marital/registered domestic partner status - _____
<input type="checkbox"/> Military or honorably discharged veteran status - _____
<input type="checkbox"/> Genetic information - _____
<input type="checkbox"/> Retaliation
<input type="checkbox"/> Other - _____ |
|--|--|

I believe I have been retaliated against for the following (if applicable):

- Filing/reporting a complaint of discrimination
- Cooperating with or being a witness, in a report, complaint, or investigation into discrimination

BASIS OF COMPLAINT

_____ Name	_____ Facility/office	_____ Work days and shift
_____ Position title	_____ Work phone	_____ Alternate phone
_____ Preferred email(s)	_____ Supervisor name	_____ Supervisor position title

INFORMATION/DETAILS

Explain in detail the incident(s), including multiple dates if applicable: _____

Name and position title of the person who you believe has discriminated/retaliated against you: _____

Describe what happened: _____

When did the incident(s) happen? _____

Where did the incident(s) happen? _____

Were you given a reason(s) for what happened? No Yes

If yes, explain the reason and who provided it (name and position): _____

Why do you believe you were discriminated/retaliated against? _____

Identify the name and position titles or any witnesses, including a description of what each person witnessed: _____

Any additional information or reasons that may have caused the discrimination/retaliation? _____

I affirm that I have prepared the information provided and it is true and correct.

Signature

Date

Return the completed complaint to your local Human Resources Office or via email to DOCIDCComplaints@doc1.wa.gov.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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