



Investigations

Your Information (optional)

As the person filing the complaint, providing your information is optional, but recommended if you'd like Human Resources to follow up with you on the investigation. **Please note that if you include your name or contact information, the complaint will not be anonymous.**

Your First Name

Your Last Name

Your Email

Your Phone

Your Address

Department

Job Title

Job Type

- ☐ Full-time
☐ Seasonal

- ☐ Part-time
☐ Other

Responding Party's Information

The responding party is the person you are filing a complaint against. This information is also optional, but more information allows for a more thorough investigation.

Respondent Name

Respondent Phone

Department/Division

Relationship to Respondent

- ☐ Coworker
- ☐ Supervisor
- ☐ Client or Customer
- ☐ Member of Public

Complaint Details

Complaint Concerns

Check all that apply.

- ☐ Discrimination
- ☐ Harassment
- ☐ Retaliation (for objecting to discrimination)
- ☐ Workplace Violence

Nature of the Complaint

Basis of Complaint

For discrimination or harassment complaints only. Check all that apply.

- ☐ Age
- ☐ Ancestry
- ☐ Citizenship Status
- ☐ Color
- ☐ Disability
- ☐ Gender
- ☐ Genetics (GINA)
- ☐ HIV/AIDS Status
- ☐ National Origin
- ☐ Race
- ☐ Religion
- ☐ Pregnancy
- ☐ Sexual Orientation
- ☐ Veteran or Military Status
- ☐ Natural hair types, hair styles, or head wraps commonly associated with race, culture, or religion.

Incident Response Details

Did you require medical attention?

- ☐ Yes
- ☐ No

Do you require counseling for trauma as a result of the conduct or incident?

- ☐ Yes
- ☐ No

Were the Police called?

- ☐ Yes
- ☐ No

Were there any weapons involved?

- ☐ Yes
- ☐ No

If needed, please attach any documentation you have.

You may upload audio, written documents, or images.

Supporting Information

Please list anyone that was present during the incident or may have information.

List any person(s) employed at the city of Toledo with whom you have already spoken to regarding the incident(s).

If you have filed a complaint regarding the incident(s) outside the city of Toledo, with what agency?

If you have tried to resolve this through your supervisor, please explain the details.

Affirmation and Release

By signing below, I affirm that I have read and understand the following:
The information contained in this complaint form is complete, true, and factual. I acknowledge that for city employees, intentionally submitting a false complaint violates city policy and may lead to disciplinary action.
I give permission to the Department of Human Resources to request and receive any information necessary to resolve the material issues of this complaint. This permission includes but is not limited to, personnel records, medical records, and other information that may be relevant to this complaint.
I understand that if I do not provide the information requested or cooperate with the investigation, this may lead to closure of my complaint.
Information I provide will be shared on a need-to-know basis, however the complaint may be subject to public records request. Though the city will make every effort to keep information confidential and redact personal information, my confidentiality cannot be guaranteed.

Electronic Signature