City of Toledo

Harassment or Discrimination Complaint

Rich Text

Your First Name

Your Last Name

Your Email

Your Phone

Your Address

Rich Text

Respondent Name

Department/Division

Event Where Incident Occurred

Date of Incident

Rich Text

Nature of the Complaint

Basis of Complaint
Check all that apply.

Rich Text

If needed, please attach any documentation you have.
You may upload audio, written documents, or images.

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

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

Rich Text

Electronic Signature