

Department of Finance and Administration

Office of Personnel Management

Title: DFA Complaint Form

Authority: 29 CFR Ch XIV, subsection 1604.11, Section 703 of Title VII of the Civil Rights Act of 1964, as amended, and the Arkansas Civil Rights Act at Ark. Code Ann. § 16-123-101

Although not required, any DFA employee who believes he or she has been the target of discrimination and/or harassment is encouraged to inform the offending person orally or in writing that such conduct is unwelcome and offensive and must stop. If the employee does not wish to communicate directly with the offending person, or if such communication has been ineffective, the employee has multiple avenues for reporting allegations of discrimination and/or harassment and/or pursuing resolution as set out in DFA policies.

Employees are encouraged to report the unwelcome conduct as soon as possible to the DFA Human Resources (DFA HR) Office using this form. If the employee chooses to report to the DFA HR Office, this form will be used to launch an investigation.

Name of the Complainant:

Department:

Phone Number:

E-mail:

Complainant's Manager/Supervisor:

Name of the Alleged Harasser:

Department:

Relationship of the Alleged Harasser to the Complainant (manager, co-worker, client, etc.):

Phone Number:

E-mail:

Date of Incident: *(If more than one event, please report each event on a separate form.)*

Where did the specific event occur?

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Please explain the events that occurred including the complainant's reaction to the unwelcome conduct. In addition, if applicable, describe the employment decision affecting the complainant because the complainant submitted to or rejected the unwelcome conduct. Alternatively, please describe how the unwelcome conduct unreasonably interferes with the complainant's work performance or creates an intimidating, discriminatory, hostile, or abusive work environment?

Describe the harm you have suffered as a result of the event.

Were there any witnesses to this specific event? (If yes, please provide their names.)

Is there any evidence that supports your complaint? If so, please describe or attach a copy of the evidence.

What effect has the incident(s) had on the complainant's ability to perform his or her job, or on other terms or conditions of his or her employment.

Please provide the names of other individuals who might have been subject to the same or similar harassment or discrimination.

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What steps has the complainant taken to try to stop the discrimination and/or harassment.

Please provide any other information the complainant believes to be relevant to the discrimination/harassment complaint. Please use additional paper if needed.

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the agency deems relevant.

Signature

Date

Please return this form to the DFA HR Office.

**Department Contact:
DFA, Human Resources
1515 Building
1515 W 7th St., Room 101-102
LR, AR 72201
Phone 501-324-9065**