

## Municipal Building Commission Respect in the Workplace Violation Complaint Form

| Your Name (First & Last):                       | Date:   |
|---|---|
|   | Job Title:  |
| COMPLAINT INFORMATION                           |   |
| Date of Incident:                               | Time of Incident:   |
| Location of Incident:                           |   |
| Who committed the alleged violation?            |   |
| Name (First & Last):                            | Job Title:  |
| Please describe the incident in detail includi  | ing people involved (If more space is needed, please continue |
| description on a separate page & attach it t    | o the form):  |
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| If there are others who have witnessed the in   | ncident, please provide their names below:                    |
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|   |   |
|   |   |
| Is this the first time you have raised this cor | ncern about his person or people? $\square$ Yes $\square$ No  |
| Do you feel there is an immediate threat to     | your safety?  |
|   |   |
|   |   |



| Do you have any additional information or complaints? If so, please explain. |            |  |
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|  |            |  |
| Signature  | Print Name |  |

<sup>\*</sup>Please submit complete form to Nicole Moua at <u>nicole.moua@municipalbuilding.org</u> or return a paper copy to the Human Resources Department in room 104.\*