Escambia County Board of County Commissioners
Unlawful Harassment
Complaint Form

PART I: Complainant Information

Employee Name

Job Classification

Bureau/Division

Home Telephone Number

Work Telephone Number

Cellular Telephone Number

PART II: Basis of Complaint (check all that apply)

- Age
- Race
- Gender
- Color
- Religion
- National Origin
- Disability
- Reprisal (describe your prior EEO involvement)

Date of Incident(s)

Location of Incident(s)

PART III: Description of Complaint (describe in detail the relationship of the items checked above)

PART IV: Requested Relief:

PART V: Signatures:

Signature of Complainant

Date

(For HR Use Only: Acknowledgement of Receipt)

Date