CITY OF LITTLE ROCK

COMPLAINT INTAKE FORM

To be completed by Complainant

This form will provide preliminary information in order to assist in the initial review of your complaint. You have 180 days from the date of the alleged harm to submit your complaint to the Labor and Employee Relations Division-Human Resources Department.

Name:		
Home Address:		City:
State:	Zip:	Home Phone:
Department/Division:		Work Phone:
Work Location/Facility:		
Please select your current status: ☐ Employee ☐ Applicant		
Shift or Normal Work Schedule:		Email address:
Position Title:		Gender: ☐ Male ☐ Female
Race: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Alaskan Native ☐ American Indian ☐ Other _____		Ethnicity: ☐ Hispanic ☐ Non-Hispanic
Immediate Supervisor Name:		Telephone Number:
I believe that I was discriminated against by the following: (Check those that apply) ☐ Department ☐ Supervisor ☐ Other (Please Specify) _____		
Full Name/Department you believe discriminated against you:		Position/Title (If applicable)
Address:		Telephone Number:
Most recent date of alleged unlawful action:		
Type of unlawful action (must select one): ☐ Discrimination ☐ Harassment ☐ Retaliation		
If alleging discrimination or retaliation, check alleged unlawful action: ☐Hiring ☐Training ☐Work Assignment(s) ☐Demotion ☐Suspension ☐Oral/Written Warning ☐Promotion ☐Dismissal ☐Performance Rating ☐Wages ☐Lay Off ☐Other _____ Other Continued:		
Discrimination Bases: Do you think this happened to you because of (check as appropriate): ☐Race ☐Sex ☐National Origin ☐Disability ☐Political Affiliation ☐Color ☐Religion ☐Genetic Information ☐Age (40+) ☐Other (Please Specify) _____ Other Continued:		
What remedy or resolution are you seeking?		

CITY OF LITTLE ROCK

COMPLAINT/ SWORN AFFIDAVIT

To be completed by Complainant

In your own words briefly describe what happened to you that you believe to be discriminatory. (Use additional pages as needed. Please print clearly or type).

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Initials

CITY OF LITTLE ROCK

COMPLAINT/ SWORN AFFIDAVIT

To be completed by Complainant

In your own words briefly describe what happened to you that you believe to be discriminatory, harassment, hostile work environment, or other wrongful acts. (Use additional pages as needed. Please print clearly or type).

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Initials

CITY OF LITTLE ROCK

COMPLAINT/ SWORN AFFIDAVIT

To be completed by Complainant

Please have this Form Notarized if possible

For Harassment, Discrimination, and/or Retaliation:

- The Labor and Employee Relations Division-Human Resources Department will conduct an Equal Opportunity Informal Inquiry or investigation into your complaint. The person conducting the investigation shall do so in the most expedient manner possible to attempt to resolve the complaint in a timely manner.
- Upon completion of the investigation, a written decision shall be issued to the complainant, the alleged harasser, and the Chief People Officer. When the Chief People Officer is the person conducting the investigation, a written decision shall be issued to the complainant, the alleged harasser, and the Department Director. If any party disputes the written decision, he may request a resolution meeting to be scheduled with the Chief People Officer within seven (7) calendar days of receiving the written solution. The Chief People Officer will forward a written recommendation to the City Manager whose decision will be final.

STATEMENT ON NON-RETALIATION

Employees have the right to use this procedure free from threats or acts of retaliation, interference, coercion, restraint, discrimination, or reprisal. Employees cannot be retaliated against for participating in a complaint as a complainant or as a witness. If you feel you have been retaliated against for filing a complaint please contact the Labor and Employee Relations Division at HRLaborRelations@littlerock.gov and report the matter so the appropriate action may be taken.

COMPLAINANT CERTIFICATION

I hereby certify that all information submitted on this "Complaint Intake Form" and any supporting documentation is true, complete to the best of my knowledge and belief, and filed in good faith. I understand that I must continue to meet the performance and conduct expectations of my employment during this complaint process. Under the City of Little Rock's Administrative Polices and Procedure Manual, I understand that if I knowingly make false statements during this investigation, I may be subject to disciplinary action that could result in the dismissal from the City of Little Rock.

Signature:		Date:	

Names of Witnesses Submitted by Complainant:	
(1st) Witness Name	Contact Information
Information (1st) Witness Can Provide:	
(2nd) Witness Name	Contact Information
Information (2nd) Witness Can Provide:	
(3rd) Witness Name	Contact Information
Information (3rd) Witness Can Provide:	
(4TH) Witness Name	Contact Information
Information (4th) Witness Can Provide:	

Mail or Deliver this form to: **Labor and Employee Relations Division-Human Resources Department**
500 W. Markham, Ste. B18, Little Rock, AR 72201
OR Fax this form to: **501-224-5475**
OR Email this form to: **HRLaborRelations@littlerock.gov**