



## AAEO Prohibited Conduct Complaint Form (Discrimination/ Harassment/ Retaliation/ Sexual Misconduct)

Complete this form and return it to the Affirmative Action & Equal Opportunity Department (AAEO)

PLEASE PRINT OR TYPE- ATTACH EXTRA SHEETS IF NECESSARY

1. Name: \_\_\_\_\_  
 Your pronouns: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Preferred Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_  
 Best time of day to contact: \_\_\_\_\_  
 Employee ID #: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Manager/Supervisor (if applicable): \_\_\_\_\_  
 Department/School/Academic Program, if student: \_\_\_\_\_  
 Shift Hours:  
 Days Off:    Mon    Tues    Wed    Thurs    Fri    Sat    Sun    Rotating    Variable

2. Identify the individual(s) and/or Department that you allege engaged in prohibited conduct:

1. \_\_\_\_\_ 4. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_  
 3. \_\_\_\_\_ 6. \_\_\_\_\_

3. Indicate the basis for your complaint (prohibited discrimination/harassment/retaliation/sexual misconduct):

- |                                      |   |
|--------------------------------------|---|
| Age                                  | Sexual Misconduct                                     |
| Disability (includes accommodations) | Religion (includes accommodations)                    |
| Race/Color                           | Retaliation (based on protected activity)             |
| Medical/Sick Leave (use of)          | Sexual Harassment                                     |
| Sex/Gender                           | Sexual Orientation                                    |
| Marital Status                       | Harassment and/or bullying (based on protected class) |
| Military/Reserve/Veteran Status      | Whistleblower   |
| National Origin/ Ethnicity           | Worker's Compensation System (use of)                 |
| Pregnancy                            | Other: _____  |

**Note:** If referral is appropriate, your complaint may be directed to the Human Resource Department, the Integrity Department, to your Union (if you are a classified employee) or other appropriate OHSU department.

4. Briefly explain the prohibited conduct you believe happened (use supplemental sheet(s), if necessary):

- a. On what date(s) did the alleged incident(s) occur?
- b. Explain the incident(s) that occurred:

c. Is this a recurring problem?                      If yes, please explain:

d. Name potential witnesses:

5. Was any explanation given for this conduct? (If yes, please explain):

6. Have you attempted to resolve the concern?

7. What resolution would you like to see for yourself and others?

8. Are you interested in learning about informal resolution options?

**Please include any documentation that you believe is relevant to your complaint**

Signature of person filing complaint:

Name:

Date:

Submit your form to the OHSU Affirmative Action and Equal Opportunity Department (AAEO) via email, confidential fax, hand delivery, or U.S. Mail. Please call AAEO with questions: 503-494-5148.

**Email:** [aaeo@ohsu.edu](mailto:aaeo@ohsu.edu)

**Fax:** 503-346-8037

**Hand deliver to:** Marquam Plaza, 2525 SW 3<sup>rd</sup> Avenue, Suite 240, Portland, OR 97201

**U.S. Mail:** AAEO

Oregon Health & Science University

Mail code: MP 240

3181 SW Sam Jackson Park Road

Portland, OR 97239