



**OHSU Prohibited Conduct Complaint Form
(Discrimination/ Harassment/ Retaliation/ Sexual Misconduct)**

Complete this form and return it to the Office of Civil Rights Investigations and Compliance Dept. (OCIC)

PLEASE PRINT OR TYPE- ATTACH EXTRA SHEET(S) 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 a 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:

3. Indicate the basis for your complaint (prohibited discrimination, harassment, retaliation, or 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 a referral is appropriate, your complaint may be directed to the Human Resource Department, the Integrity Department, your Union (if you are a classified employee), or another appropriate OHSU department.

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

I. On what date(s) did the alleged incident(s) occur?

II. Explain the incident(s) that occurred:

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

IV. 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 Office of Civil Rights Investigations and Compliance Department (OCIC) via email, confidential fax, hand delivery, or U.S. Mail.

Please call OCIC with questions: 503-494-5148.

Email: ocic@ohsu.edu

Fax: 503-346-8037

U.S. Mail: OCIC

Oregon Health & Science University
Mail code: PP244b
3181 SW Sam Jackson Park Road
Portland, OR 97239