

**OLYMPIC ESD 114**  
**REPORTING ALLEGED VIOLATION OF EQUAL EMPLOYMENT**  
**OPPORTUNITY OR NONDISCRIMINATION**

**Your Name:** \_\_\_\_\_

**Your Position, Program and Work Location:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**THE FACTS:** Please describe what happened in factual detail. Identify witnesses or others who were present. Also identify the policy or statute you believe may be violated by this action/behavior. Please identify any person(s) you believe may be responsible. Use additional paper if needed.

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If others are affected by the possible violation, provide their names and/or positions:

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**PAST HISTORY:** Describe any past incidents that you believe are related to this report:

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**SUGGESTED REMEDY:** Describe any corrective action you wish to see taken with regard to the possible violation. You may also provide any other information relevant to this report.

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\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Receiving Report

\_\_\_\_\_  
Date

Submit to: Human Resources Director/Compliance Officer