

JcrOffroad Inc. Complaint of Discrimination or Harassment Form

PLEASE STATE: The facts, events and circumstances that initiated filing this complaint Within the statement, please give the names of the persons engaging in the alleged discrimination or harassment, the dates the incident(s) occurred, witnesses to the alleged harassment or discrimination, and your response to the conduct or statements. (Attach additional sheets if necessary)

II. Please indicate what action or change you are seeking to resolve this complaint.

_____	_____
Date	Employee's Signature
_____	_____
Date	Received by: (Supervisory Name)

HARASSMENT/DISCRIMINATION I NVESTIGATION REPORT

Name of person filing complaint: _____

Date complaint filed: _____ (Note: all complaints must be made in writing. Upon verbal notice of an incident of harassment/discrimination the supervisor must supply a complaint form.)

Date incident occurred: _____ Time: _____

Instructions: All sections of the report must be completed. Please use reverse side or additional pages where required. The completed report must be provided to a company owner. A copy must be presented to the company's legal counsel as soon as practicable.

Date of this report: _____

Date forwarded to legal counsel: _____

Describe the incident as provided by the individual filing complaint:

Describe the incident as seen/heard by witnesses:

Describe the incident as provided by the individual alleged to have discriminated against/harassed the complainant:

Describe your findings of the incident:

Recommendations/corrective action taken :

Was complaint resolved to the satisfaction of all concerned?

Yes_ No_ (explain):

Date:

Signature (Person Preparing Investigation Report)

Date Reviewed

Signature - Title

