Pursuant to Tennessee Code Annotated § 10-7-503(a)(2)(A), “all state . . . records . . . shall at all times, during business hours, be open for personal inspection by any citizen of Tennessee, and those in charge of such records shall not refuse such right of inspection to any citizen, unless otherwise provided by state law.” Accordingly, the State cannot and does not guarantee the confidentiality of this document or any notes, files, reports, or other documents, whether created by the State or received from the complainant, accused, or witnesses.

NAME OF COMPLAINANT OR PERSON REPORTING EVENT: ________________________________

TELEPHONE NUMBERS OF COMPLAINANT OR PERSON REPORTING EVENT:

WORK: ______________________

PREFERRED: ____________________

NAME OF AGENCY AND DIVISION INVOLVED: _______________________________________

NAME OF PERSON(S) WHO ALLEGEDLY DISCRIMINATED AGAINST YOU OR HARASSED YOU?

________________________________________________________________________________

RELATIONSHIP OF ALLEGED ACCUSER TO YOU (I.E. DIRECT SUPERVISOR, CO-WORKER):

__________________________________________

DATE OF EARLIEST OCCURRENCE OF EVENTS? ________________________________

DATE OF LATEST OCCURRENCE OF EVENTS? ________________________________

HOW WERE YOU DISCRIMINATED AGAINST (E.G. DISCIPLINARY ACTION, PROMOTION, DEMOTION, HOSTILE ENVIRONMENT)?
EXPLAIN AS CLEARLY AS POSSIBLE WHAT HAPPENED, INCLUDING WHO DID WHAT, WHERE IT HAPPENED, WHO WAS INVOLVED, ETC. PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

________________________________________________________________________________________

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________________________________________________________________________________________

________________________________________________________________________________________

EXPLAIN WHY YOU BELIEVE THESE EVENTS OCCURRED:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

DESCRIBE HOW OTHERS WERE TREATED DIFFERENTLY THAN YOU:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

WERE THERE OTHER EMPLOYEES WHO WERE TREATED BETTER IN SIMILAR CIRCUMSTANCES?

PLEASE CHECK ONE:       YES _____       NO ______

IF YOU ANSWERED YES TO THE PREVIOUS QUESTION, PLEASE PROVIDE THE NAMES OF THE EMPLOYEES WHO WERE TREATED BETTER AND DESCRIBE HOW THEY WERE TREATED BETTER:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
DOHR Policy:
Investigations of Allegations of Illegal Discrimination and Harassment

Policy Number: 12-009

PLEASE LIST BELOW ANY PERSONS (WITNESSES, FELLOW EMPLOYEES, SUPERVISORS, OTHERS) WHO MAY HAVE ADDITIONAL INFORMATION TO SUPPORT OR CLARIFY THIS COMPLAINT. EXPLAIN WHAT INFORMATION EACH CAN PROVIDE.

____________________________________________________________________________________________________________________________________________________________________________________

WHAT EXPLANATION DO YOU THINK THE AGENCY OR ACCUSED WILL GIVE AS TO WHY YOU WERE TREATED IN THIS MANNER?

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

PLEASE IDENTIFY ANY OTHER INFORMATION (INCLUDING DOCUMENTARY EVIDENCE SUCH AS DIARIES, JOURNALS, RECORDINGS, EMAILS, VOICEMAILS, CORRESPONDENCE, ETC.) THAT YOU THINK IS RELEVANT TO THIS MATTER.

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

WHAT DO YOU WANT TO HAPPEN AS A RESULT OF THIS COMPLAINT?

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

IF YOU HAVE TOLD ANYONE ELSE ABOUT THIS MATTER, PLEASE LIST THE NAME(S) AND RELATIONSHIP(S) (CO-WORKER, FAMILY MEMBER, ETC.)

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

SIGNATURE OF COMPLAINANT: ____________________________________________

DATE: ________________
IF COMPLETED BY SUPERVISOR OR AGENT OF STATE AS A RESULT OF INTERVIEWING A COMPLAINANT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

PRINTED NAME: ________________________________

SIGNATURE: ________________________________

TITLE: ________________________________

AGENCY AND/OR DIVISION: ________________________________

WORK TELEPHONE NUMBER: ________________________________

DATE COMPLAINT RECEIVED: ________________________________

DATE FORM COMPLETED: ________________________________

REASON FOR DELAY, IF ANY, BETWEEN THE DATE THE COMPLAINT WAS RECEIVED AND THE DATE THE FORM WAS COMPLETED:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

NAME AND TITLE OF PERSON TO WHOM THE FORM WAS FORWARDED FOR ACTION: ________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

DATE ON WHICH THE FORM WAS FORWARDED:

__________________________________________________________________________________________