

**EXHIBIT 1**



**Discrimination and Harassment  
Complaint Form**

Name of the Complainant: \_\_\_\_\_

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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Name of the Accused: \_\_\_\_\_

Department: \_\_\_\_\_

Relationship of the Accused to the Complainant (manager, co-worker, client, etc): \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Date of Incident: \_\_\_\_\_

Where did the specific event occur? \_\_\_\_\_

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Please explain the events that occurred. \_\_\_\_\_

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How did you react to the situation? Did you take any action to stop perceived inappropriate behavior?  
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**Describe the harm you have suffered as a result of the event.**

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**Were there any witnesses to this specific event? (If yes, please provide their names).**

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**Is there any physical evidence that supports your complaint? If so, please describe or attach a copy of the evidence.**

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**What is your desired outcome of the investigation?** \_\_\_\_\_

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**The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the City of Indianola deems relevant.**

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**Signature**

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**Date**

*Please return this form to Human Resources.*

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