***The City’s Policies for Disputes, Harassment, Inappropriate Conduct and Investigations can be found in the Employee Handbook, sections 3.6 through 3.10***

**REPORTING PARTY/REPORTING PERSON’S INFORMATION**:

Name: (Last)       (First)       (Middle)

*Please complete the information below, which gives your preference for our communication back to you.*

Address:

City:       State:       Zip Code:

Phone:       Email (we will default to City Email):

City Department:       Supervisor:

**Occurrence: (Event, Incident)**

Date(s):      Time(s):

People Present:

Description of Occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Use additional pages, if necessary) \_\_ Additional pages attached.

I hereby acknowledge that the above facts reported by me are true and correct. I understand that knowingly and/or deliberately making a false statement may result in potential disciplinary action.

Reporting Party’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**----- Step 1 Completed / 15 Day Clock Starts from the date received -----**

Step 2 to be completed by: / /

Your report will be reviewed by a member of management within 15 days and an initial determination will be delivered in writing back to you on this form.

Management Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Received: \_\_\_\_\_\_\_\_\_\_\_\_

Management Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Delivered: \_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Received: \_\_\_\_\_\_\_\_\_\_\_\_

Description of Initial Findings:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Use additional pages, if necessary) \_\_ Additional pages attached

\_\_\_\_\_\_ \_\_\_ Complaint Closed \_\_\_ Referred to Human Resources Department

[ ] **Step 2 Completed** [ ]  **15 Day Clock Starts from the date received (if needed)**

Step 3 to be completed by: / /

**Human Resource Review**

Your report will be reviewed by a representative of the Human Resource department within 15 days and an initial determination will be delivered in writing back to the Reporting Party on this form.

HR Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Received: \_\_\_\_\_\_\_\_\_\_\_\_

HR Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Delivered: \_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Received: \_\_\_\_\_\_\_\_\_\_\_\_

HR Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Use additional pages, if necessary) \_\_ Additional pages attached

\_\_\_\_\_ Referred for investigation \_\_\_\_ Referred to City Manager \_\_\_ Complaint Closed