



COUNTY OF ALLEGHENY DEPARTMENT OF HUMAN RESOURCES

- This form may be used to report incidents of discrimination, harassment or retaliation.
- This form may be completed by the employee or a supervisor

Employee Name

Employee Telephone Number

Date

Who is the person accused of wrongdoing and their relationship?

What did the person do?

When did it happen?

Where did it happen?

Names of witnesses if any.

Was this incident discussed with anyone else?

Has there been an attempt to resolve this incident in any other way? If yes, how?

What do you want to be done?

Report written by employee or supervisor (PLEASE CIRCLE)

Employee Signature

Supervisor's Name

Supervisor's Signature