Anonymous Complaint Form

Miami-Dade County takes all complaints, including anonymous complaints, of discrimination and/or harassment seriously. The County will take the necessary steps to formally investigate and appropriately address anonymous complaints. However, it is very important that you answer all of the questions on this form to the best of your ability. A lack of detail or specific information may impair the County’s ability to conduct an effective investigation.

We encourage you to contact our office and communicate directly with one of our staff members via telephone or e-mail if you need assistance completing this form. You may also request to file a formal complaint with our office using a pseudonym, such as “Jane Doe.”

Please note that all the information provided in connection with the investigation of discrimination and/or harassment complaints will be kept confidential to the greatest extent possible.

Whose conduct is the subject of your allegation(s)? (If unknown, please leave blank)
Name: _______________________________________________________________
Current department: _____________________________________________________
Current Division: _______________________________________________________
Job Classification/Title: __________________________________________________
Race: _____________ Ethnic Origin: ______________________ Gender: ________

Is this person a supervisor? □ Yes  □ No

Date of most recent act of alleged discrimination/harassment: ____________________
Please check the box(es) that best describe the basis of discrimination or harassment to which you have been subjected:

A. □ Discrimination and/or harassment based on:
   □ Race □ Gender □ Color □ National Origin □ Religion □ Disability
   □ Marital Status □ Sexual Orientation □ Sexual Harassment
   □ Pregnancy □ Ancestry □ Gender Identity or Expression
   □ Status a Victim of Domestic Violence, Dating Violence or Stalking
   □ Age Discrimination: □ over 40 □ under 40

B. □ Retaliation

C. □ I do not believe I have been discriminated against or harassed on the basis of any of the characteristics listed above.

Has any negative employment action been taken against you? □ Yes □ No
If yes, what was it?
□ Failure to Hire □ Termination □ Discipline □ Compensation □ Denial of Promotion
□ Demotion □ Transfer □ Other: ____________________________________________________

When did it occur? ________

To your knowledge, has this happened to anyone else? □ Yes □ No
If so, whom?
Name: _________________________________________________________________
Title: ________________________________________________________________

Please list individuals who may support your claim(s) and provide evidence to support your allegations.

<table>
<thead>
<tr>
<th>Name</th>
<th>Work Location</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In the space below, please provide as much information related to your complaint as possible, including a detailed description of the discriminatory or harassing conduct you experienced, or the acts you witnessed committed against someone else. Wherever possible, please supply the names of and contact information of individuals involved and the dates the incident(s) took occurred.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________