



Human Rights & Fair Employment Practices

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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.

Name	Work Location	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

