

GRIEVANCE/ COMPLAINT FORM

Instructions: Before completing this form, please read all instructions, including the *Release Statement*. **PLEASE PRINT ALL RESPONSES.**

INDIVIDUAL FILING COMPLAINT

NAME: _____

ADDRESS: _____

PHONE# (HOME): _____ **(WORK):** _____

I believe I have been discriminated against based on one or more of the following:

Race	Age (over 40)	Sex	Color
National Origin	Religion	Sexual Orientation	Disability
Marital Status	Other:	_____	

I've been a victim of Retaliation or Workplace Violence.

Have you filed an official complaint with the Equal Employment Opportunity Commission (Federal), Equal Rights Division (State), Union or commenced a private legal investigation?

YES ☐ NO ☐

If yes, with whom did the action commenced? _____

At what stage is the action? _____

Have you attempted to resolve this matter by discussing it with someone else? YES ☐ NO ☐

If yes, give the name and title of the person and state what happened. _____

COMPLAINT FILED AGAINST

NAME: _____

TITLE: _____

PHONE NUMBER: _____

ISSUES (CHECK ACTIONS TAKEN AGAINST YOU BECAUSE OF YOUR RACE, SEX, ETC.) *MORE THAN ONE MAY BE CHECKED OFF.*

Hiring

Wages

Termination

Job Benefits

Layoff

Segregated Facilities

Recall

Training

Pregnancy Leave Policy

Demotion

Job Assignment

Seniority

Accommodation to Disability

Sabbath Day Observance

Other: _____

Do you know of other employees or applicants of your group (basis of discrimination on page 1) who were treated the same way you allege you were? *If yes, provide names, titles, race, sex, etc., and explain.* [☐] YES [☐] NO

Describe in detail the alleged act(s) indicating dates, places, names and titles of persons involved.

(Add additional pages if necessary and please print).

Please answer the following questions: *(Add additional pages if necessary and please print).*

1. Why do you believe the action(s) taken against you were because of your race, sex, disability, etc.?

2. What explanation, if any, was offered for the actions by the respondent?

3. If this is a disability complaint, describe the disability or why you think the person against whom this complaint is being filed regarded you as disabled. *(See additional pages if necessary.)*

4. If this is a Retaliation complaint, what act of discrimination did you oppose and when, have you participated in any grievances, complaints or hearings involving discrimination, what evidence will show a connection between your opposition and the treatment you received?

5. If this is a complaint based on your religion, how was your employer made aware of your religion, did you request any special accommodation for your religion? Explain

6. Please provide the name(s), telephone number and a description of the information that can be provided by any witness you think can provide evidence in support of your charge.

OUTCOME OF THE INVESTIGATION

I would like to see the following as the outcome of the investigation:

CONFIDENTIALITY STATEMENT

THE STAFF OF THE MENTAL HEALTH ASSOCIATION OF NEBRASKA STRIVE TO MAINTAIN THE CONFIDENTIALITY OF THE INFORMATION OBTAINED DURING THE COURSE OF AN INVESTIGATION AND IN MOST CASES, IT WILL ONLY BE DIVULGED ON A NEED-TO-KNOW BASIS. HOWEVER, SOME OF THE RECORDS OBTAINED OR CREATED DURING THE INVESTIGATION MAY BE SUBJECT TO DISCLOSURE UNDER PUBLIC LAW

RELEASE STATEMENT

I AFFIRM THAT I HAVE READ THE PRECEEDING INFORMATION AND CHARGE (S) AND ATTEST THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I HAVE READ AND UNDERSTAND THE CONFIDENTIALITY STATEMENT. I HEREBY GIVE THE MHA-NE EXECUTIVE DIRECTOR AND/OR PRESIDENT OF THE BOARD OF DIRECTORS PERMISSION TO THOROUGHLY INVEST/GATE MY COMPLAINT. I UNDERSTAND THE INFORMATION GATHERED WILL BE KEPT CONFIDENTIAL TO THE EXTENT POSSBILE.

Signature: _____

Date Submitted: _____

If this complaint is being filed against the Executive Director, please send this form to the Attention of the President of the Board of Directors.

Please return to:

**Board of Directors Grievance Committee
Mental Health Association of Nebraska
1645 'N' Street
Lincoln, NE 68508**