

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 NUMBER: _____

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

_____ Race _____ Sex _____ Age (over 40) _____ Disability

_____ Color _____ National Origin _____ Religion _____ Marital Status

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

_____ Other: _____

2. 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 commence? _____

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.

INDIVIDUAL COMPLAINT IS FILED AGAINST:

NAME: _____

TITLE: _____

PHONE NUMBER: _____

1. Issues: (Check actions taken against you, more than one may be checked off)

- _____ Hiring _____ Wages _____ Termination _____ Job Benefits _____ Layoff
- _____ Segregated Facilities _____ Recall _____ Training _____ Pregnancy Leave
- _____ Demotion _____ Job Assignment _____ Policy _____ Seniority
- _____ Accommodation to Disability _____ Sabbath Day Observance
- _____ Other:

2. 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 treated?

YES _____ NO _____

If yes, provide names, titles, race, sex, etc., and explain:

3. Describe in detail the alleged act(s) indicating dates, places, names and titles of persons involved. (Add additional pages labeled with the question number, if necessary and please print).

Please answer the following questions:

(Add additional pages labeled with the question number, 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.

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 DIRECTORS TEAM AND/OR PRESIDENT OF THE BOARD OF DIRECTORS PERMISSION TO THOROUGHLY INVESTIGATE MY COMPLAINT. I UNDERSTAND THE INFORMATION GATHERED WILL BE KEPT CONFIDENTIAL TO THE EXTENT POSSIBLE.

Signature: _____

Print: _____

Date: _____

If this complaint is being filed against a member of the Directors Team, please send this form to the Attention of the President of the Board of Directors.

Please return to:

**MHA-NE Grievance Committee
1500 S 70TH Street #201
Lincoln, NE 68506**

❖ Anything else you'd like us to know?

❖ If you'd like a follow up from a Director, please share your name and ideal way to be reached (phone call, text, email or in person):

As a valued member of the MHA Family, your perspective, ideas and experiences are important to us. We appreciate you sharing things that are going well as well as other possibilities/opportunities for growth.

Thank you,
MHA Directors

Kasey Parker, Executive Director
Amber Pendley, Director of Operations
Ashley Wilksen, Director of Operations