

PARTICIPANT HARASSMENT & DISCRIMINATION FORM

Harassment hais lus Hmoob yog: **hais phem**- lus, tes piav, thiab yeeb yam ua ib tug neeg rau lwm tus neeg xeeb txob, muaj kev ntshai, thiab hais lus phem rau

Discrimination hais lus Hmoob yog: **Cai tsis raws cai**- ib tug yeeb yam uas tsis pub lwm tus neeg los yog ib pab neeg ua tej yam uas nws ua tau raws li txoj cai uas muaj cai tsis pub ua

Txoj cai ntawm cov lus Hais Phem thiab Cai Tsis Raws Cai xav kom sawv daws sib pab koom tes thov qhia lo sis, report, thaum tej teeb meem li no tshwm sim thiab yog hais tias muaj neeg tau raug Hais Phem los Cai Tsis Raws Cai lawm. Tsis tas li ntawv, thov qhia thiab hais thaum muaj neeg pov thawj cov teeb meem no thiab.

Yus yuav tsum qhia thiab hais yus tus thawj coj los nai thaum yus pom thiab paub hais tias muaj tej teeb meem li no tshwm sim hauv lub koom haum CAI (Community Action, Inc.). Cov neeg uas ntseeg hais tias lawv tau raug Hais Phem los Cai Tsis Raws Cai lawm muaj txoj cai qhia rau Community Actions Equal Opportunity Officer/ Deputy Director. Tej lus yuav qhia rau lawv yuav tsum meej meej thaum teeb meem li no tuaj lawm. Daim ntawv no yog ib txoj kev pab rau koj thaum muaj teeb meem li no. Tab sis koj mus hais rau lawv thiab, los sis sau ib daim email rau lawv los tau li hais hauv txoj cai Participation Harassment and Discrimination Policy.

Npe/ Participant

Name: _____

Xov Tooj/ Home

Phone: _____

Tsev Chaw Nyob/ Home

Address: _____

Chaw Ua Hawj Lwm Xov Tooj/ Work

Phone: _____

Koos Haum Lub Npe/ Program involved in

dispute: _____

Tus/Cov Neeg Lub Npe Uas Koj Yuav Foob/ Individual(s) the dispute is

against: _____

Tej Yam Uas Koj Yuav Liam/ ALLEGED INCIDENT(S)

Sau lub/cov npe ua muaj pov thawj yog tias muaj;/ Witness(es), if any:

Kev teb rau qhov teeb meem no koj xav hnov thiab tau:/ Solution participant is looking for:_____

Ntawm no kuv sign kuv lub npe thiab cog lub hais tias cov teeb meem nov muaj tseeb thiab yog raws li kuv nsteeg thiab paub. /By my signature below, I declare this complaint is true and correct to the best of my knowledge and belief

Sign koj lub npe/ Participant Signature:_____

Hli, xyoo, thiab hnuv/ Date:_____

Xa Rau:/ Mail to:

Community Action, Inc
Attn: Equal Opportunity Officer
20 Eclipse Center
Beloit, WI 53511

Other contact information:

Phone: 608-313-1310

e-mail: ljones@community-action.org