

PARTICIPANT ANTI-HARASSMENT & DISCRIMINATION FORM

The Harassment and Discrimination Policy encourages all participants to promptly report any harassment, discrimination or retaliation that they either experience or witness.

Prompt reporting is necessary to prevent or minimize discrimination and harassment within CAI. Individuals who believe they have been discriminated against or harassed have the primary obligation of informing Community Actions Equal Opportunity Officer/Deputy Director. This communication should detail specific actions or occurrences whenever possible. This form is provided for your convenience, but you may also report discrimination or harassment verbally, in person, by e-mail or by phone as outlined in the Participant Harassment and Discrimination policy.

Participant Name: _____ Home Phone: _____

Home Address: _____ Work Phone: _____

Program involved in dispute: _____

Individual(s) the dispute is against: _____

ALLEGED INCIDENT(S)

Which of the following, if any, formed the basis of the perceived discrimination/harassment conduct?

- | | |
|--|---|
| <input type="checkbox"/> Color | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Age |
| <input type="checkbox"/> Gender | <input type="checkbox"/> National Origin or Limited English Proficiency |
| <input type="checkbox"/> Race/ Ethnicity | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Political Affiliation | |

Discrimination Statement:

Use additional pages, as necessary, to fully complete this section:

1. Describe the action or occurrence giving rise to the dispute.
2. Give the date each action occurred and name of the person who took action.
3. Explain how each action was related to the box(es) checked above.

Witness(es), if any:

Solution participant is looking for:

By my signature below, I declare this complaint is true and correct to the best of my knowledge and belief

Participant Signature: _____ Date: _____

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

Other contact information:
Phone: 608-313-1300
E-mail ljones@community-action.org