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**DISCRIMINATION & HARASSMENT COMPLAINT FORM**

Access Care Of America | 2000 E. Lamar Boulevard | Suite 600, | Arlington, Texas, 76006

**Consumer, Employee, Advisory committee COMPLAINT FORM**

Instructions: Please print using blue or black ink pen. Fill out all of the information requested below as completely as

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | possible. Return completed and signed form to Access Care of America. | | | | |
|  | |  |  |  |  |
| **COMPLAINT INFORMATION** | | |  |  |  |
| Name: |  |  |  | Date: |  |
|  |  |  |  |  |  |
| Address: |  |  |  |  |  |
|  |  |  |  |  |  |
| Phone Number: |  |  |  | Email Address: |  |
|  |  |  |  |  |  |
| Dept: |  | Status: (check one) Consumer: |  | Employee: | Advisory committee: |
|  |  |  |
|  | |  |  | | |
| If you are an employee, what is your title? | | | If you are an advocate advisory committee, when did you become a member? | | |
|  |  |  |  |  |  |

Indicate the ground(s) on which you are making your complaint of discrimination/harassment.

|  |  |  |  |
| --- | --- | --- | --- |
| Sex |  | Race | Religion |
|  |  |  |  |
| Gender Identity |  | Color | Disability |
|  |  |  |  |
| Sexual Orientation |  | National Origin | Medical Condition |
|  |  |  |  |
| Marital Status |  | Ancestry | Veteran Status |
|  |  |  |  |
| Age |  | Citizenship Status | Genetic Information |
|  | Nondiscrimination Act (GINA) |
|  |  |  |
| Other: |  |  |  |
|  |  | | |
| Retaliation | (Please indicate the type of retaliation by checking the applicable box(es) above.) | | |

Identify the dates that the alleged discrimination took place:

|  |  |
| --- | --- |
| Earliest date: | Latest date: |
|  |  |

1. Identify the person or persons against whom your allegations are made and their working relationship to you
2. Describe the nature of your complaint, the incident(s), date(s), and place(s). Attach additional pages to this complaint if necessary.
3. To whom have you gone for resolution of the complaint? What did you or others do to try to resolve the complaint? What was the outcome?

4. Identify others who may have observed or witnessed the incident(s) that you described:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Address: | Telephone: | Position: |
|  |  |  |  |
|  |  |  |  |
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5. Identify others you believe may have experienced the same situation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name: | Address: | Telephone: | Position: | |
|  |  |  |  |  |  |
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6. Do you have any documents that support your allegation? (Please list and attach a copy.)

7. Describe how you would like the complaint to be resolved. Be as specific as possible.

8. If you are to be represented, provide the name, address, and telephone number of your representative.



**COMPLAINT SIGNATURES**

To the best of my knowledge, the information I have submitted is accurate.

Print Name:

|  |  |
| --- | --- |
| Signature: | Date: |
|  |  |