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|  | **DSHS Employee Complaint** | Date |
| Use this form to make an allegation of misconduct or of a civil rights violation against a DSHS employee. Please complete this form to the best of your ability and return, along with any relevant documentation, to DSHS HRD Employee Relations via email iraucomplaints@dshs.wa.gov. If you have questions, please reach out to your assigned [HR Business Partner](https://stateofwa.sharepoint.com/sites/DSHS-EXE-HR/SitePages/Business-Partners.aspx) or HRD Employee Relations via email dshsemployeerelations@dshs.wa.gov. |
| **Submitter Information (Employee or group initiating the complaint)** |
| Name | Job Title |
| Administration | Email | Phone Number |
| **Complainant Information (Employee or group initiating the complaint)** |
| Name | Job Title |
| Administration | Division / Program | Region / Office / Facility |
| Email | Phone Number |
| [ ]  WFSE [ ]  SEIU [ ]  Coalition [ ]  Non-Represented [ ]  WMS [ ]  EMS |
| **Respondent Information** |
| DSHS employee the complaint is being made against: If complaint involves multiple Respondents, complete a separate request for each respondent. |
| Name | Job Title |
| Administration | Division / Program | Region / Office / Facility |
| Email | Phone Number |
| [ ]  WFSE [ ]  SEIU [ ]  Coalition [ ]  Non-Represented [ ]  WMS [ ]  EMS |
| **Allegation Details** |
| Briefly describe allegation (include what, when, and where it happened, and who was involved including possible witnesses): |
| Applicable policies, procedures, expectations, etc.: |
| If [DSHS Administrative Policy 18.66](https://stateofwa.sharepoint.com/sites/DSHS-EXE-OJCR/Administrative/Forms/AllItems.aspx?id=%2Fsites%2FDSHS%2DEXE%2DOJCR%2FAdministrative%2FDSHS%2DAP%2D18%2D66%2Epdf&q=18%2E66&parent=%2Fsites%2FDSHS%2DEXE%2DOJCR%2FAdministrative&parentview=7), Discrimination, Harassment and other Inappropriate Behaviors applies, select all applicable protected class status(es):[ ]  Age [ ]  Genetic information [ ]  Race [ ]  Sexual harassment[ ]  Color [ ]  Harassment [ ]  Religion[ ]  Disability [ ]  Military / Veteran Status [ ]  Retaliation[ ]  Ethnicity [ ]  National origin [ ]  Sex / Gender |
| Were additional complaint referrals made? Check all that apply.[ ]  Local law enforcement [ ]  WSP [ ]  Ethics[ ]  Other:  |
| **Witness Contact Information** |
| Name all parties who may have information relevant to the complaint. The table below is built to add additional lines, if necessary, by tabbing. |
| Name | Job Title | Email | Phone Number |
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| **Relevant Documents Attached** |
| Examples: Complainant statement, unit expectations, previous relevant corrective actions, 1:1 notes, etc. |
| **Distribution:** Please submit completed form and documentation to IRAU Complaints via: **Email:** iraucomplaints@dshs.wa.gov **Mail Stop:** 45830 ATTN: HRD Employee Relations  **Mailing Address:** DSHS HRD Employee Relations PO Box 45830 Olympia, WA 98504-5830 **Fax:** (360) 902-7540 **Phone:** 800-737-0617 Option 5 ((360) 902-7998) TTY / TDD users dial 711 or 1-800-833-6384 for Washington Relay Service |