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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](mailto: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](mailto: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](mailto: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 | | | | | | | |