



DISCRIMINATION & HARASSMENT COMPLAINT FORM

Clear Choice Assisted Living | Human Resources | 6370 York Road | Parma Heights, Ohio, 44130

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 Clear Choice Assisted Living LLC.

COMPLAINT INFORMATION	
Name:	Date:
Address:	
Phone Number:	Email Address:
Dept:	Status: (check one) Consumer: <input type="checkbox"/> Employee: <input type="checkbox"/> Advisory committee: <input type="checkbox"/>
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.		
<input type="checkbox"/> Sex	<input type="checkbox"/> Race	<input type="checkbox"/> Religion
<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Color	<input type="checkbox"/> Disability
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> National Origin	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Veteran Status
<input type="checkbox"/> Age	<input type="checkbox"/> Citizenship Status	<input type="checkbox"/> Genetic Information Nondiscrimination Act (GINA)
<input type="checkbox"/> Other:		
<input type="checkbox"/> 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.

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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?

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

Name:	Address:	Telephone:	Position:

5. Identify others you believe may have experienced the same situation.

Name:	Address:	Telephone:	Position:

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:

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