WORKPLACE HARASSMENT COMPLAINT FORM

Name of individual making the complaint:

Under the <u>North Dakota Legislative Assembly Policy Against Workplace Harassment</u>, a legislator, legislative employee, or third party, as defined in the policy, may submit a complaint of workplace harassment. A complaint may be made verbally or in writing. The purpose of this form is to assist an individual in making a complaint, although use of the form is not required.

| | | I certify the information contained in this complaint is true. |
|--|---------------------------|--|
| | | Date and signature: |
| The indiv | /idu | ual making the complaint is: |
| | | A legislator |
| | | A legislative employee |
| | | A third party |
| Name of | inc | dividual accused of workplace harassment: |
| The accu | ıse | ed individual is: |
| | | A legislator |
| | | A legislative employee |
| | | A third party |
| in the pol or their d or House found on | licy esi e o the | idual alleging a complaint should submit his or her complaint to a designated contact person, as required r. The contact person may be the Majority or Minority Leader in the Senate or House of Representatives, ignee of the opposite gender, or if the complaint is against the Majority or Minority Leaders in the Senate f Representatives, the President Pro Tempore or Speaker of the House. Current leadership may be e legislative website. Intact person from the list below: |
| | | Senate Majority Leader |
| | | Senate Minority Leader |
| | | House of Representatives Majority Leader |
| | | House of Representatives Minority Leader |
| ľ | f th | ne complaint is against one of the leaders: |
| | | □ Senate President Pro Tempore |
| | | □ Speaker of the House |
| Check th | e b | pox if applicable: |
| | | I request the contact person to designate an individual of the opposite gender to fulfill the obligations of the contact person. |
| | | CONFIDENTIALITY |

CONTIDENTIALITY

Any record pertaining to a complaint or investigation of workplace harassment against public employees is an exempt record under North Dakota Century Code Section 44-04-18.1 until the investigation is complete but no longer than 75 calendar days from the date the complaint was made. For the purposes of this policy, a public employee includes a legislative employee and a legislator.

| the public w | ans all records related to the complaint will become subject to open records requests and available to then the investigation is complete, but no longer than 75 calendar days from the date the complaint is the box below if you agree: | | |
|--|--|--|--|
| | I understand my complaint will be accessible by the public and wish to go forward with my complaint. | | |
| religion, age or conduct, disability, ra or ancestry | ALLEGED CONDUCT ace harassment" includes sexual harassment or harassment based on disability, race, creed, color, e, national origin, military status, genetic information, or ancestry, including verbal or physical behavior which denigrates or shows hostility or aversion toward an individual because of that individual's ce, creed, color, sex, sexual orientation, religion, age, national origin, military status, genetic information, or which has the purpose or effect of substantially interfering with an individual's work performance or intimidating, hostile, or offensive work environment. Check the box below if you agree: | | |
| | I am alleging a workplace harassment complaint. The alleged conduct is described above. | | |
| Check one or more of the following boxes to indicate the nature of the harassment complaint: | | | |
| | Sexual harassment | | |
| | Harassment based on: | | |
| | □ Disability | | |
| | □ Race | | |
| | □ Creed | | |
| | □ Color | | |
| | □ Religion | | |
| | □ Age | | |
| | □ National origin | | |
| | □ Military status | | |
| | □ Genetic information | | |
| | □ Ancestry | | |
| | Verbal conduct | | |
| | Physical conduct | | |
| | Conduct that substantially interferes with my work performance | | |
| | Conduct that creates an intimidating, hostile, or offensive work environment | | |
| | Other harassment | | |
| Please desc | cribe the conduct below. Include the names of additional individuals who witnessed the conduct, if any. | | |
| | | | |
| Attach any additional materials you wish to have considered. Check the box if applicable: | | | |
| | I have attached additional documentation. | | |