

## WORKPLACE HARASSMENT COMPLAINT FORM

Under the [North Dakota Legislative Assembly Policy Against Workplace Harassment](#), 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.

Name of individual making the complaint: \_\_\_\_\_

- ☐ I certify the information contained in this complaint is true.

Date and signature:

\_\_\_\_\_

The individual making the complaint is:

- ☐ A legislator  
☐ A legislative employee  
☐ A third party

Name of individual accused of workplace harassment: \_\_\_\_\_

The accused individual is:

- ☐ A legislator  
☐ A legislative employee  
☐ A third party

### CONTACT PERSON

An individual alleging a complaint should submit his or her complaint to a designated contact person, as required in the policy. The contact person may be the Majority or Minority Leader in the Senate or House of Representatives, or their designee of the opposite gender, or if the complaint is against the Majority or Minority Leaders in the Senate or House of Representatives, the President Pro Tempore or Speaker of the House. Current leadership may be found on the [legislative website](#).

Select a contact person from the list below:

- ☐ Senate Majority Leader  
☐ Senate Minority Leader  
☐ House of Representatives Majority Leader  
☐ House of Representatives Minority Leader

If the complaint is against one of the leaders:

- ☐ Senate President Pro Tempore  
☐ Speaker of the House

Check the box if applicable:

- ☐ I request the contact person to designate an individual of the opposite gender to fulfill the obligations of the contact person.

### CONFIDENTIALITY DISCLOSURE OF RECORDS

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, at which time the records become subject to

disclosure under state open record laws. ~~For the purposes of this policy, a public employee includes a legislative employee and a legislator.~~

~~This means all records related to the complaint will become subject to open records requests and available to the public when the investigation is complete, but no longer than 75 calendar days from the date the complaint is made.~~ The Legislative Council is not required to disclose its work product or client communications or communications between a member of the Legislative Assembly and any person under Section 44-04-18.6. Any such record related to a complaint that is withdrawn or settled through informal resolution or alternative dispute resolution under this policy while the records are exempt under Section 44-04-18.1 is considered exempt, regardless of the time elapsed since the complaint was made.

Check the box below if you agree:

- ☐ I understand my complaint will be accessible by the public, unless withdrawn or settled through informal resolution or alternative dispute resolution, and wish to go forward with my complaint.

### ALLEGED CONDUCT

"Workplace harassment" includes:

- a. Sexual harassment.
- b. Harassment based on disability, race, creed, color, religion, age, national origin, military status, genetic information, or ancestry, including verbal or physical behavior or conduct, which denigrates or shows hostility or aversion toward an individual because of that individual's disability, race, creed, color, sex, sexual orientation, religion, age, national origin, military status, genetic information, or ancestry.
- c. Harassment that has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive environment.

The term does not include behavior or conduct that an individual considers rude or offensive, unless the behavior or conduct is pervasive or severe.

Check the box below if you agree:

- ☐ I am alleging a workplace harassment complaint. The alleged conduct ~~is described~~ falls within the definition of "workplace harassment" 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 environment

☐ Other harassment

Please describe the conduct below. Include the names of additional individuals who witnessed the conduct, if any.

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Attach any additional materials you wish to have considered.

Check the box if applicable:

☐ I have attached additional documentation.