Retaliation Complaint Submission

| Your Name | |
|---|--------------------|
| | |
| Department | |
| | |
| Contact Information | |
| | |
| Date of Incident | |
| | |
| Description of Retaliation | |
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| | |
| Was a prior complaint filed? | |
| | |
| True a prior complaint mea. | ▼ |
| If yes, provide details | \ |
| | _ |
| | \ |
| | \ |
| If yes, provide details | \rightarrow |
| | <u> </u> |
| If yes, provide details List any witnesses | <u> </u> |
| If yes, provide details | |
| If yes, provide details List any witnesses | • |
| If yes, provide details List any witnesses | <u> </u> |