



**State of Oklahoma
Office of Management &
Enterprise Services
Human Resources Department**

**Complaint Report
Discrimination
Harassment
Workplace Violence**

Date of Event (mm/dd/yyyy): _____
(If more than one event, please report each event on a separate form.)

Where did the specific event occur?

How would you describe the circumstances?

Please explain the events that occurred.

Were there any witnesses to this specific event? (If yes, please provide their names)

What would be your desired outcome as a result of the investigation?

Print your name _____ Date (mm/dd/yyyy) _____

Signature _____

Office Use Only

Received by / date _____ / _____