



**COUNTY OF WASHINGTON**  
COMMONWEALTH OF PENNSYLVANIA  
95 WEST BEAU STREET, SUITE 400  
WASHINGTON, PA 15301

COUNTY COMMISSIONERS  
**NICK SHERMAN**  
CHAIRMAN  
**ELECTRA S. JANIS**  
VICE CHAIR  
**LARRY MAGGI**  
COMMISSIONER

(724) 228-6724

HUMAN RESOURCES DEPARTMENT

(724) 228-6738  
FAX: (724) 250-6570

**COUNTY OF WASHINGTON**  
**HUMAN RESOURCES DEPARTMENT**

**DISCRIMINATION/HARASSMENT COMPLAINT QUESTIONNAIRE**

Date: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Complainant/Witness/Other: \_\_\_\_\_

Department: \_\_\_\_\_

Prior to this report, have you reported the alleged discrimination/harassment to anyone? If so, to whom:  
\_\_\_\_\_  
\_\_\_\_\_

Who is responsible for the alleged discrimination/harassment?  
\_\_\_\_\_  
\_\_\_\_\_

Identity of the alleged harasser(s) (supervisor, co-worker, non-employee):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of the conduct (physical, physically threatening, humiliating, verbal, offensive comment, or other):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Page 2 – Discrimination/Harassment Complaint Questionnaire

What occurred? Please describe alleged incident or verbal statement as accurately as possible. (Use additional sheets if necessary.)

---

---

---

---

---

---

---

---

When did the incident(s) occur? (Please indicate if incident(s) is ongoing.)

---

---

---

---

Where did the incident(s) occur? (Please indicate if incident(s) is ongoing.)

---

---

---

---

How did you respond to the incident(s)?

---

---

---

---

Identify any witnesses to the incident(s)?

---

---

Please note any additional information that may be of assistance to us:

---

---

---

---

---

---

---

---

---

---

---

---

How would you like to see the complaint(s) resolved?

---

---

---

---

---

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Please return to: County of Washington  
Human Resources Department  
95 West Beau Street Suite 400  
Washington, PA 15301

HR-007

Revised 10/27/2022