CHARLES "CHUCK" W. LINDBERG ELECTRICAL TRAINING CENTER

Sponsored by Local 292, IBEW & Minneapolis Chapter of NECA

Minneapolis Electrical JATC

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Training Excellence since 1946 for the Minneapolis Electrical Joint Apprenticeship & Training Committee

ANTI HARASSMENT/DISCRIMINATION COMPLAINT FORM

To improve workplace conditions, this form is to assist with addressing issues on the jobsite and share with the applicable parties of NECA, IBEW, JATC, and the Contractor who is responsible for the jobsite and who want to uphold a workplace that is free from harassment and discrimination. This form will be shared with the NECA Executive Director, IBEW Business Manager, JATC Training Director, and the Contractor responsible.

Please print clearly and use additional pages if necessary.

SECTION ONE: COMPLAINANT INFORMATION (OPTIONAL)

Name: _____

Telephone Number: _____

Email Address: _____

SECTION TWO: HARASSING, DISCRIMINATORY, OR RETALIATORY CONDUCT BEING REPORTED

Does this complaint relate to a protected class? If so, please explain. *(i.e., harassment or discrimination based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (40 or older), genetic information, family status, disability regarding any aspect of the apprenticeship program or employment, or retaliation for engaging in a protected activity):*

☐ YES

☐ NO

If yes, please describe which class:

_____

_____

Describe what happened: _____

_____

_____

_____

_____

_____

_____

SECTION THREE: WITNESS INFORMATION

Do you know of any other witnesses?

Witness Name(s): _____

Witness' Contact information: _____

SECTION FOUR: PROPOSED REMEDY

At a minimum, the workplace Anti-Harassment and Anti-Discrimination Policies will be followed. Please describe any requested remedies that may help ease your concerns: _____

_____

_____

SECTION FIVE: RESPONDENT INFORMATION

Name(s) and title(s) of person(s) you are complaining about and who you believe engaged in illegal harassment, discrimination, or retaliation: _____

_____

_____

_____

Contractor Responsible: _____

Jobsite where the incident occurred: _____

CERTIFICATION (OPTIONAL)

I, _____, certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

_____   _____
Complainant's Signature   Date