



DISCRIMINATION / HARASSMENT INCIDENT REPORT/COMPLAINT FORM

Please sign and return a completed form to the Human Resources Department at HR@roseIT.com. Information regarding an alleged discrimination/harassment incident shall be kept confidential to every extent possible. The individual reporting the incident shall not discuss this information outside of the investigative process. Retaliation against employees who make good faith reports regarding potential violations of laws, regulations or Rose International policies is strictly prohibited.

Name: _____ **E-mail:** _____

Phone Number: _____

Incident Date and Time: _____

Incident Location: _____

I believe I was discriminated/harassed based on: (please indicate if applicable)

☐ Race ☐ Color ☐ Sex ☐ Religion ☐ National Origin

☐ Retaliation ☐ Age ☐ Disability ☐ Other

Name of Alleged Offender(s): _____

Description of Incident: Please clearly describe the incident of alleged discrimination or harassment. Include dates and times, if possible. Use additional paper if needed.

Witnesses: Please list the names of all witnesses to the incident of alleged discrimination/harassment.

I hereby certify that the information above is true and accurate to the best of my knowledge and belief.

Employee Signature

Date