



City of Detroit

Human Rights Department

Executive Order # 2014-1



Workplace Violence Complaint Form

City of Detroit Employees Only

Claimant's Name (Your Name):
Claimant's Complete Address:
Department & Division:
Classification:
Telephone:
Supervisor Name & Telephone:

Respondent's Name:
Respondent's Department & Division:
Respondent's Classification:
Telephone:
Respondent's Supervisor:
Supervisor's Telephone:

Executive Order No. 2014-1 Complaint (Violence in the Workplace Policy)

Describe in detail (be specific) the Violence in the Workplace incident. Include date, time & location of incident. (attach supporting documents)

Have you pursued any legal actions against the respondent? Were the local authorities contacted? What was the outcome? (attach supporting documents)

Did you receive medical treatment as a result of the above incident? (attach supporting documents)

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List any witnesses or persons who have specific information about the above incident(s).

Name: _____	Title: _____
Address: _____ _____	Expected Testimony: _____
Telephone #: _____ Include area code	_____

Name: _____	Title: _____
Address: _____ _____	Expected Testimony: _____
Telephone #: _____ Include area code	_____

Name: _____	Title: _____
Address: _____ _____	Expected Testimony: _____
Telephone #: _____ Include area code	_____

What do you want the Detroit Human Rights Department to do about your situation?

Claimant's Signature _____	Date _____	Human Rights Specialist _____	Date _____
Mail or fax to the Human Rights Department, 2 Woodward Ave., Coleman A. Young Municipal Ctr., Ste 1240, Detroit 48226 Phone: (313) 224-ZERO [9376], (313) 224-4950, (313) 224-2942 Facsimile: (313) 224-3434			