



CITY OF LAS VEGAS
AN EQUAL OPPORTUNITY EMPLOYER

INTERNAL COMPLAINT FORM
HUMAN RESOURCES DEPARTMENT – EMPLOYEE RELATIONS DIVISION

The City of Las Vegas takes employee allegations of discrimination, harassment, unethical or unfair conduct, and hostile work environment as serious matters. So that we may properly investigate your concern, you are requested to fill out this form as completely as possible. Please use additional sheets of paper where needed. After a thorough investigation into your complaint, you will be notified of any action(s).

If you are unable, for any reason, to complete this form and would like to make a verbal complaint, please contact our Front Desk at (702) 229-6315 to schedule an appointment. Please feel free to contact us if you have any questions regarding the process for filing or investigating complaints.

Employee Information	
Name:	Phone Number:
Job Title:	Supervisor:
Department/Division:	
E-Mail Address:	
Incident Description	
Please explain the incident (including dates and location) that is the basis of this complaint. Attach additional pages, as necessary:	
Have you discussed this complaint with your immediate supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of discussion:	



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Indicate a resolution you are seeking. Attach additional pages if necessary.

Suggested witnesses and contact information if known (e-mail and telephone numbers if you have them):

Do you know of any documents that may be relevant to this matter? ☐ Yes ☐ No (If, yes, please attach documents.)

Have you discussed this complaint with anyone else? ☐ Yes ☐ No (If yes, list their contact information below.)

I declare that the statements provided in this complaint are true and accurate and was not given under duress or coercion.

Complainant:

Date:

Received By:

Date: