



**STANDARDS OF CONDUCT COMPLAINT FORM – Statewide**

**DHR-Form #: DHR-STW-105.1-F**

**Authority: 29 Del. C. Chapter 58; Merit Rules 12 and 15.2**

**Effective Date: October 9, 2023**

**Revision Date: May 14, 2024**

**Supersedes: N/A**

**Part 1: Directions**

- 1) If you believe you have been subject to unprofessional or disrespectful behavior which was not based on any protected class as described in the [State of Delaware Respectful Workplace and Anti-Discrimination Policy](#), complete this form and return it to either your Agency Human Resources representative, Supervisor, Manager, Agency Equal Employment Officer, or to the Division of Employee and Labor Relations of the Delaware Department of Human Resources (DHR) at [DHR-ELR@delaware.gov](mailto:DHR-ELR@delaware.gov).
- 2) Complaints are to be filed as soon as possible following the alleged incident.

**Part 2: Complainant Information**

Today's Date: \_\_\_\_\_ Email: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employee ID No.: \_\_\_\_\_ Executive Branch Employee: ☐ Yes ☐ No

**Part 3: Type of Complaint (check all that apply)**

☐ Discrimination ☐ Disrespectful Behavior ☐ Hostile Work Environment ☐ Harassment

☐ Retaliation ☐ Unprofessionalism ☐ Social Media

☐ Other (**must specify**): \_\_\_\_\_

**Part 4: Respondent Information (persons(s) against whom the complaint is being filed)**

Respondent's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Relationship to Complainant: \_\_\_\_\_ Email: \_\_\_\_\_  
(e.g.: manager, coworker, client, vendor)

## Part 5: Incident Information

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

- 1) Describe the events that occurred (be specific as possible-Who? What? When? Where? How?):
- 2) How did you react to the situation? What response did you make when incident(s) occurred and afterwards? Did you notify management and/or Human Resources? If so, who did you notify and how?
- 3) Describe the harm you believe you suffered as a result of the incident:
- 4) Are there any documents or physical evidence supporting the incident(s)? ☐Yes ☐No  
If yes, please submit as attachment(s).
- 5) What action or remedy are you seeking?
- 6) Names of witnesses or individuals who may have knowledge of the incident(s) and their contact information:

***Please attach additional pages if necessary.***

**Part 6: Other Filings**

- 1) Are you presently in a union-represented position? ☐ Yes ☐ No
- 2) Did you or are you filing a grievance on the issue of the complaint? ☐ Yes ☐ No  
If yes, what type?  
☐ Merit Grievance When? \_\_\_\_\_  
☐ Collective Bargaining Agreement When? \_\_\_\_\_
- 3) Has a discrimination charge been filed with the Department of Labor? ☐ Yes ☐ No
- 4) Has a discrimination charge been filed with the Equal Opportunity Commission? ☐ Yes ☐ No  
If yes, when? \_\_\_\_\_
- 5) Are there criminal charges associated with this complaint? ☐ Yes ☐ No ☐ Don't know

**Part 7: Acknowledgment**

☐ I certify to the best of my knowledge the information that I provided is accurate and the events and circumstances are as I have described them. I am willing to cooperate fully in the investigation and provide whatever evidence DHR deems relevant. I further understand that making a complaint pursuant to State policy will not extend the time frames by which any person must file a formal complaint through the Merit Rules, a Collective Bargaining Agreement, if applicable, or any court or regulatory body.

☐ By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Part 8: For DHR Use Only**

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

HR/Labor Relations  
Point-of-Contact: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Investigator Assigned: \_\_\_\_\_ Date Assigned: \_\_\_\_\_