



**Snohomish County**  
**Human Resources**  
**Equal Employment Opportunity Office**

(425) 388-3411 ext. 0  
 FAX (425) 388-3579  
 3000 Rockefeller Avenue  
 M/S #503  
 Everett, WA 98201-4046

**INTAKE FORM**

THIS FORM SHOULD ONLY BE COMPLETED IF YOU HAVE A COMPLAINT REGARDING AN EMPLOYEE WHO WORKS FOR SNOHOMISH COUNTY GOVERNMENT.

Name of Individual Filing Complaint: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Best Contact Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Are you an employee of Snohomish County? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," please provide:

Department/Division: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Job Title: \_\_\_\_\_

Union Position: Yes \_\_\_\_\_ No \_\_\_\_\_ Union Name: \_\_\_\_\_

Name(s), if any, of person to whom complaint was originally reported and date reported:

_____	Date: _____
_____	Date: _____
_____	Date: _____

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**Person(s) against whom you wish to file a complaint:**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Basis of complaint:**

Please check any box which is applicable to the basis of your complaint, and then provide additional details where indicated (e.g., "Age (40 or older): 45"). If you are unsure which box(es) you should check, please call (425) 388-3411 ext. 0 for assistance. Please also indicate if you believe you have been subjected to discrimination, harassment, or both.

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> Age (40 or older): _____  | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Citizenship: _____  | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Color: _____  | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Disability: _____   | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Marital Status: _____   | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> National Origin: _____  | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Race: _____   | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Religion: _____   | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Sex: _____  | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Sexual Orientation/Gender Identity: _____   | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Veteran/Military Status: _____  | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Retaliation (provide additional details below where indicated in the section labeled "Retaliation") |   |                                     |

**Briefly describe what action(s) was taken against you, and please include specific dates, if possible:**

(Feel free to use additional pages, and please sign and date each additional page):

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**Retaliation:** If you believe an action has been taken against you because you previously complained about discrimination and/or harassment in the workplace and/or participated in an employment discrimination proceeding (e.g., an investigation or lawsuit), please indicate:

- The protected activity (e.g., filed a complaint alleging age discrimination, participated in an investigation regarding an allegation of sexual harassment, etc.) in which you engaged previously:

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- When you engaged in the activity: \_\_\_\_\_
- The action that has been taken: \_\_\_\_\_

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- Why you believe this action is retaliatory: \_\_\_\_\_

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**Remedy Requested:** \_\_\_\_\_

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I verify this statement is true and correct to the best of my knowledge. I understand I may also have the right to file a complaint with the Washington State Human Rights Commission and/or the Equal Employment Opportunity Commission.

\_\_\_\_\_  
Signature of Individual Filing the Complaint

\_\_\_\_\_  
Date

**Please return your signed Intake Form to:**  
Snohomish County Human Resources Department  
Equal Employment Opportunity Office  
M/S 503  
3000 Rockefeller Ave.  
Everett, WA 98201