



Date Received by OIG: _____

Control No. _____

COMPLAINT OF EMPLOYEE MISCONDUCT

I hereby submit this Complaint of Employee Misconduct to the Office of the Inspector General of the City of Houston. I have read City of Houston Executive Order No. 1-39 ("E.O. 1-39") in its entirety. (A copy of E. O. 1-39 may be viewed at <http://www.houstontx.gov/execorders.html>.) Employee Misconduct is defined below¹. **YOU MUST CHECK THE APPROPRIATE BOX(ES) BELOW:**

Violation of Law FMLA Fraud/Waste/Abuse Other Violation
Discrimination/Harassment: Race National Origin Sex(Gender) Sexual Harassment
Age (40+) Religion Sexual Orientation Gender Identity Disability Other Protected Class
Retaliation for Prior Protected-Class Complaint Date of Prior Complaint _____ Date of incident(s) _____

The name(s) of the person(s) (with their respective City Departments in parentheses) who appear to have engaged or to be engaging in "employee misconduct" are as follows:

I AFFIRM that all facts and circumstances stated here are true and correct, to the best of my knowledge. I understand false statements may constitute perjury and/or misconduct.

Have you filed a grievance/ECRP concerning this complaint? _____

Signature of Complainant

Printed Name of Complainant/Employee #

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Best Time and Days to Contact me: _____

Best Telephone Number to Contact me: _____

Home Address: _____

Cell Telephone: _____

Daytime Telephone: _____

Evening Telephone: _____

Home and City Email Addresses: _____

If I am a City of Houston employee, my Department and Division is: _____

My supervisor's name is: _____ and his/her work number is: _____

¹ Employee Misconduct is an act intentionally committed by a City employee, relating directly or indirectly to the employee's employment with the City, and violating a state or federal law, a City Ordinance, an Executive Order, or a Mayor's Policy.

Houston Fire Department Staff Services Questionnaire

SECTION I: This Grievance/Complaint is due to the following issue: (check all applicable items)

- | | |
|--|---|
| <input type="checkbox"/> Employee Performance Evaluation | <input type="checkbox"/> Promotional Bypass |
| <input type="checkbox"/> Counseling or Written Reprimand | <input type="checkbox"/> Overtime |
| <input type="checkbox"/> Conflict with Supervisor | <input type="checkbox"/> Work Assignment |
| <input type="checkbox"/> Working Out of Classification | <input type="checkbox"/> Bullying Behavior |
| <input type="checkbox"/> Other (Explain) _____ | |

SECTION II:

A. Is this grievance/complaint based on **Discrimination** or **Workplace Harassment**?

***Discrimination** includes, but is not limited to, decisions regarding employment that adversely affect an employee's pay, status, position, or assignment, including opportunities for overtime pay and advancement, and includes decisions regarding recruitment, appointment, compensation, promotion, discipline, demotion, transfers, layoff, recall, termination, and training opportunities.*

***Workplace harassment** includes, but is not limited to, any unwelcome verbal, written, or physical conduct that denigrates or shows hostility or aversion towards a person on the basis of a protected characteristic that: (1) has the purpose or effect of creating an intimidating, hostile, or offensive work environment; (2) has the purpose or effect of unreasonably interfering with an employee's work performance; or (3) affects an employee's employment opportunities or compensation.*

Yes **No**

B. If you believe you have been discriminated against or harassed based on your protected class, please indicate protected class(es):

- | | | |
|---|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age | <input type="checkbox"/> Veteran's Status |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Gender | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Religion | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Ethnicity |

C. Is this grievance/complaint based on Sexual Harassment?

Sexual harassment includes, but is not limited to, any unwelcome sexual advances, unwelcome requests for sexual favors, unwelcome verbal comments of a sexual nature, unwelcome physical contact or touching, or unwelcome displays or distribution of sexually-oriented material. Sexual harassment is prohibited regardless of whether the parties are the same sex or the opposite sex or whether one or more parties are transgendered.

Yes **No**

D. Is this grievance/complaint based on Retaliation for a prior complaint?

Yes **No**

E. If you believe you are being retaliated against for a prior complaint, where did you¹ file the original complaint/grievance?

- HFD Staff Services/Internal Affairs**
- City of Houston Office of Inspector General (OIG)**
- Equal Employment Opportunity Commission (EEOC)**
- Civil Rights Division of the Texas Workforce Commission**
- Other Federal or State Agency (_____)**
- Law Enforcement Agency (_____)**

Name (Please Print)

Signature

Date Signed

Received By: _____

Staff Services Member

¹ If you were not the original complainant but participated as a witness, please list the name of the individual(s) who filed the original complaint and indicate where you believe the complaint was filed.